# THE CANADIAN NURSE

## L'Infirmière Canadienne

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 50 NUMBER 1

MONTREAL, JANUARY, 1954

# Pathways to the Future — 1914-1954

THE NEW YEAR opens with great plans for our 27th Biennial Convention to be held in Banff. The theme has been chosen and is given to you in the title of this editorial. Canadian nurses at this meeting will assess the structure of the Canadian Nurses' Association and make the adjustments necessary to promote the best interests of the members of the profession, the public generally, and the International Council of Nurses. We will search for pathways to the future in the fields of nursing service and nursing education. We will seek guideposts from those whose experience and preparation make them particularly fitted to give us leadership in the ways we hope to follow.

This approach is, of course, not new. Nurses have been known for their continual searching for new and better ways to carry their voluntarily accepted responsibilities. How successful have we been? Have we followed a straight and true path during the past few years? To find a clue I indulged in the delightful pastime of reading back issues of *The Canadian Nurse*. Every time I pick up a volume of ten years, 20 years or more ago, I get lost and wish that I might have more time to read and ponder over the wisdom and foresight of our predecessors and, of course, speculate on their reactions "if they could only see us now."

*Ballard-Jarrett, Toronto*

HELEN G. MCARTHUR

This time I picked up the 1914 volume — 40 years ago. The lead article "Nursing as a Profession" is well worth rereading today. From there on, every issue displays some article or phrases that catches the eye and the thought "That's good — I could use that now" or "That helps. Now I understand why." I could not resist the reports from the fourth annual convention of the Canadian National Association of Trained Nurses and commend the president's address to you for careful and thoughtful study.

PRESIDENT'S ADDRESS, 1914

In my message to you this year, I believe it is safe to say that there has been a very marked increase in activity in the nursing organizations throughout the Dominion since we convened over twelve months ago.

In the very excellent program, prepared under the convenership of Mrs. Pafford, you will find, as it unfolds, echoes of many things accomplished in the associations affiliated with this society. The progress of registration will be told and I am glad to say most of that registration news will be given to us directly by the representatives from the various provinces. The convener of the Public Health Committee will report and I am sure will have interesting facts to relate.

The special committees on nurse training and the organ of the nursing profession have matters needing most careful thought on your part, and before we close our meetings we must decide what part our National Association will play in the meetings of the International Council of Nurses in San Francisco in 1915, and settle on our line of action in raising Canada's contribution to the Florence Nightingale Memorial Fund.

Last year I was privileged in presiding at the meetings of this association and I urged on the members the great necessity for nurses speaking for themselves. This year, with added emphasis, I wish to urge it again. Nurses must identify themselves with the great movements of the day, they must cooperate with the workers in all lines of social betterment, would they fulfil their splendid destiny. The possibilities for usefulness for the trained nurse today are wonderful, and almost every day new vistas open of splendid fields for service, lying ready to be tilled by the trained nurse.

Today, I wish each one of you to ask herself with great earnestness: Are we, as trained nurses, doing the best that can be done? Is the profession of nursing as splendid a calling as it was intended it should be? Are we alive to those possibilities and are we ready to supply competent workers for all those lines of activity where nurses are needed? And the burden of my message to you today is to point out that we fall short, and why do we do so?

Two facts stand out — we have not the material to train for those important positions, and we have not that material because we have not insisted on a proper educative course for our women. We have gone on in a more or less blind way and, as one in a deep forest at first finds the darkness impenetrable but gradually grows accustomed to it, and can see passably well, nurses have been struggling on and have grown accustomed to the lack of the educative light. But now bright light breaks in, and we know that the old order is wrong, not only to the women students, but wrong to the sick and wrong to the nation, for we, as representatives of the profession, have not prepared women for the many posts in the broad preventive campaign, which is of infinitely more importance than the curative.

Forget the past mistakes and start a system of nurse education on proper educative lines, establish schools, the "raison d'être" of which will be the education of the nurse in all branches of nursing. Let us have our institutions for the care of the sick managed by experts trained for that work. Let us have the teachers of our nurses trained in the teaching of nurses, and let us desist from compelling nurse-students to cut themselves off from all of the ordinary means of culture while they are training. This will cost more money, and it is time it did, but in the end it will be more economical, because it will make for more efficient service

and better satisfied hospital workers.

Here it will be seen how one reform leads to another. Let us urge on everyone the necessity for evolving another system for the financing of our hospitals. Fancy, in this century, in this enlightened age, tag days and similar abominations! What we need are hospitals, financed by the municipality, but managed by an elected Board of Trustees. Then the institutions would be on a dignified basis, the managers would know what they could draw on, and there would be some hope of scientific management.

Those facts, you as nurses know, and you know them better than any other class of workers, and you are the ones by whom light must be carried into all parts of the populace.

Have vision, have faith in that vision, and others will see and believe. Never before were we so much in need of high ideals, never before was there so pressing a call for well trained, well poised workers in the field of nursing. What shall we do with that need? What with that call? From you must come the answer, followed by action.

Enough! I leave it with you.

*July 10, 1914* Mary Ard. MacKenzie

Enough! I leave it with you.

*Jan. 1, 1954* Helen G. McArthur
*President*
*Canadian Nurses' Association*

# Civil Defence in Biological Warfare

Milton H. Brown, M.D., D.P.H.

## Introduction

The term "biological warfare" is used in preference to "bacteriological warfare" or "germ warfare" in order that it may include the use of pests, parasites, and hormones as well as bacteria and related microorganisms.

The lay press and national magazines have carried extensive accounts of "germ warfare" in recent years so that the public is well alerted to the possibilities of this type of warfare. It has not been established that biological agents have been used in modern war and thus it is very difficult to determine how effective they would be. Considerable scepticism has been expressed by some authorities as to the possibilities of biological warfare, claiming it would have little if any value as an offensive weapon, while others have maintained that it would be even more devastating than the atomic bomb. The pandemics of disease like the black death (plague) of the fourteenth century and influenza of 1918-19 provide direct evidence of the cataclysmic effect of such events. It is because of this uncertainty that biological warfare must be assumed to be a formidable method of attack until it is proved otherwise and every effort made to render an attack, if delivered, as ineffective as possible.

It might be well to outline very briefly the achievements of research projects on biological warfare during the 1939-45 war. These were outlined in an address by Mr. George W. Merck, special consultant to the Secretary of War, U.S.A., at Pittsburgh, Pa., May 16, 1946. They were the result of work done by groups in the United States and by their British and Canadian allies. In general terms the following were some of the chief accomplishments:

1. The development of methods and facilities for the mass production of

---

Dr. Brown is professor of hygiene and preventive medicine, University of Toronto. This article is the eighth of a series to be reprinted, with permission, from the special issue for Civil Defence, published by the *Canadian Medical Association Journal.*

pathogenic microorganisms and their products. This involved the prevention of contamination of air, water and land surrounding the experimental stations.

2. The development of methods for the rapid and accurate detection of minute quantities of disease-producing agents.

3. Significant contributions to knowledge of the properties and behavior of air-borne, disease-producing agents.

4. For the first time, a pure crystalline bacterial toxin was isolated and studied. This was the toxin of *Clostridium botulinum* type A, which is the most potent biological poison known to man.

5. The development of vaccine for the protection of chickens against two highly fatal poultry diseases known as Newcastle disease and fowl plague.

6. Advances in the treatment of certain infectious diseases of mammals, including man. This resulted from a few cases of disease attributable to laboratory accidents, all of which were treated successfully.

7. The development and large-scale testing of a vaccine for the protection of cattle against rinderpest, a highly fatal disease of cattle.

8. Extensive studies on the production and control of diseases which might affect crops of economic importance.

9. Information was obtained regarding the effect of more than 1,000 different chemical agents on living plants.

Mr. Merck pointed out that "these investigations and the revelation of their inherent quality of producing not only weapons and defences, but also fundamental advances of knowledge and practical contributions to medicine and agronomy, have necessitated the writing of a new chapter in biological science."

Active research is proceeding into the means of defence in order to be prepared in the event of an attack. Such research will add to fundamental medical knowledge and have an application in peace-time.

The fundamental principles of biological warfare are no secret and the information given in this paper has appeared in lay and technical publications. References to these publications has been extensively made and liberal use made of their contents.

### Definition

Biological warfare may be defined as the offensive and defensive military use of disease, famine and pestilence, produced by means of bacteria, viruses, rickettsiæ, fungi, insects, hormone-like chemical substances and other agents. It is the production of death or disease on a mass scale in men, animals, and plants under conditions which do not exist in nature. This discussion deals only with biological warfare against man.

### Characteristics of Biological Warfare Agents

The number of organisms that can produce or carry disease is very large but it is well known that not all of these are suitable for biological warfare. It is generally agreed that agents capable of being employed should have the following characteristics:

A high degree of virulence and thus a high capacity to produce infection so that small doses will be effective. They must have the power to produce a disease which is either lethal or cause incapacitation for some time. They must possess stability to ordinary temperatures and to destructive forces. For dissemination in the air they must be able to withstand the effect of sunlight and of drying. It has been found that rapid freezing, drying and storage under high vacuum will preserve the viability and virulence of many types of microorganisms for long periods of time. This is a common method of preserving microorganisms in bacteriological laboratories. They must be suitable for effective dissemination and not necessarily by the usual route of transmission. Laboratory accidents have shown that many microorganisms can produce disease when they gain access to the body other than by the normal means. Equine encephalomyelitis, ordinarily transmitted by a mosquito, has produced disease when inhaled. Diseases transmitted by unnatural routes may resemble the natural infection or may have a different set of symptoms and thus delay diagnosis. Microorganisms must be capable of

production in large enough quantities to serve the purpose. There is a number of examples of the large-scale production of microorganisms for beneficial purposes. The production of the broad spectrum of antibiotics from fungi is a case in point. In certain circumstances, such as a limited objective, relatively small quantities of the agent would be required. In order not to be detected by the usual physical senses the aerosol containing the agents should be devoid of color, taste or odor. An ideal agent would be one to which the attacked population would be very susceptible, against which it would be difficult to produce an immunity, and capable of producing a disease presenting marked difficulties in treatment.

It is not possible to predict what agents might be used but, keeping in mind the above characteristics, there are certain possibilities: in the virus field those producing influenza and psittacosis; of the rickettsiæ, those causing Q fever and the typhus fevers; of the bacteria, those causing cholera, plague, anthrax, tularemia, brucellosis, or the enteric fevers; of the fungi, possibly that causing histoplasmosis; and of the non-viable biological toxins, those producing botulism or tetanus. A combination of agents could be used which might produce a very confusing clinical picture.

It must be kept in mind that a determined enemy might employ an agent completely unknown to this part of the world, and by an unusual route of transmission, which might produce quite a difficult problem in diagnosis.

### Routes of Dispersion

It is reasonable to suppose that, for the intentional dispersion of pathogenic agents to man, one of the principal routes would be by some air-borne method; thus inhalation would be the mode of infection. This could be done by introducing the agents into air-conditioning systems of buildings or by dispersal into the air over a given area.

The microorganisms or agents could be added to drinking water, which in turn could contaminate food. They could be added to milk and other foods but these methods seem less likely, except under special circumstances.

They could also be added to drugs, or to cosmetics, or on money, leaflets, and paper.

### Methods of Dispersal

Biological warfare agents may be disseminated on a large scale using air-burst bombs or on a small scale against a specific object by saboteurs.

The use of spray from aircraft does not seem feasible since the aircraft would be forced to fly at such heights that much of the infective material would be dispersed by air currents before reaching the ground. It is a possible method when low-flying aircraft could be employed.

In the case of the use of air-burst bombs, clouds of air-borne microorganisms would drift down and diffuse over a wide area, which would result in possibly only a few living pathogens in a given area. Even a small number of pathogens might be capable of initiating an outbreak of disease. As well as the original cloud there may also be a secondary cloud after the primary one has passed. Microorganisms settling on clothing, bedding, carpets, clothes, etc., might be disturbed on shaking, brushing, sweeping and thus produce a secondary cloud. This would contain a lower concentration but still might be capable of initiating trouble.

Sabotage might be employed and thus the dissemination of pathogens by this method would be on a smaller scale than by air-burst bombs. Perhaps the greatest danger of sabotage would be the infection of an urban water supply, causing widespread and rapid dissemination. This would be particularly dangerous if the agent were added after filtration and chlorination had taken place. A saboteur need not depend on an outside source for supply of material. Many pathogenic bacteria can be grown in simple media and without very much equipment. Such an enterprise might even be carried out under the guise of research.

### The Possibilities of Biological Warfare

The direct effect of biological war-

fare is extremely difficult, if not impossible, to assess. It might produce casualties varying from very mild illness to death. Indeed, it might be the aim of the user of this form of warfare to produce incapacitating illness rather than a large number of deaths since this would tax the medical and health facilities to a greater capacity. As mentioned earlier, competent persons have claimed that biological warfare can never be a serious threat; others, presumably equally competent, claim that its possibilities are greater than the atomic bomb. Whatever view one takes will be based on judgment rather than on actual experience. There is considerable experience available on which to base a judgment, namely epidemiological experience with animals, a growing body of experience with accidental infections in laboratory workers, and the broad experience of the behavior of communicable disease under natural conditions. This experience indicates that biological warfare is a distinct possibility.

### Mitigating Influences

Assuming that casualties will occur, there are several factors which will limit the number of persons who might become ill or the number of secondary cases that will occur as a result of exposure to those initially infected:

1. Many of the agents which appear to best meet the requirements of biological warfare do not spread from person to person.

2. In many natural disease outbreaks there are exposures that fail to produce disease. There are the so-called "sub-clinical infections" which may result in immunity. Diphtheria is an example of this.

3. A certain degree of immunity is possessed by many people against many of the communicable diseases. This is difficult to measure but aids in the natural control of these diseases. Some acquire such an immunity naturally and often unrecognized, as in poliomyelitis, and others by artificial immunization, as in the case of smallpox. This raises the point of active immunization against those diseases for which satisfactory antigens are available and will be dealt with subsequently under the heading of mass immunization.

4. It would seem difficult to deliver the optimum dose to a given area as the optimum dose in biological war is not known from actual experience. Further, there are the factors of wind, rain, temperature, and sunlight which would affect the successful dissemination of an agent and these are beyond control.

5. Possibly the most important reason for the presentation of this subject is the fact that with adequate preparations taken in advance and proper action taken after an attack, based on the peacetime control of communicable disease, the number of casualties as the result of biological warfare will be reduced to the minimum. Thus preparedness in the preventive aspects of defence becomes of prime importance.

### The Defence

As the use of biological warfare by a potential enemy may depend to a great extent on the state of preparedness, defence precautions are a very important aspect of the problem. The defence precautions against chemical warfare in the 1939-45 war may have been the chief deterrent against its use by the enemy. It might be possible, with every means of defence fully and efficiently employed, that the efficacy of biological warfare as a weapon of mass destruction or incapacitation would be so markedly reduced that its employment for that purpose would not be worthwhile.

### Detection and Identification of Biological Warfare Agents

Civil defence against biological warfare should aim at preventing the occurrence of casualties. Since it is assumed from our present state of knowledge that there will be casualties, then our efforts must be directed towards minimizing the effects. This would include limiting the number of casualties to the minimum, shortening the period of incapacitation, reducing or preventing deaths, and preventing the development of secondary cases. These are essentially the objectives of the peace-time activities of the health departments, together with the part

played by the practising physicians in the control of naturally-acquired diseases. The primary responsibilities for the coordination of the control of communicable diseases in peace-time devolves upon the public health authorities. In the organization for civil defence, arrangements have been made for the departments of public health to have charge of the defence against biological warfare.

The routine testing of water, milk, and foods is an accepted procedure in determining their fitness for human consumption. The sampling of air to determine the dust content is also a well established practice. The testing of air for the bacteriological content has been largely experimental. The detection of biological warfare agents would be extremely difficult. When dispersed they cannot be perceived by any of the human senses and they do not lend themselves to detection by chemical indicators or detectors of any kind. This situation calls for the adaptation of our accepted methods of sampling and testing to meet an attack if and when it is employed. The lay magazines have carried illustrations of air samplers and filters which trap bacteria and permit their identification within 15 hours. Sampling stations could be set up to determine the normal bacterial flora of the air in any given area and in the event of a change, or a sudden increase, the early detection of an attack could be achieved.

The bacteriological analysis of water, milk, and foods could be extended in scope in order to give more evidence than the present methods provide for the detection of intentional dissemination.

The methods of detection commonly employed have serious limitations. The cultivation of most bacteria on artificial media for successful identification is a matter of several hours, even days. The isolation of the viruses and rickettsiæ requires animal inoculation or the use of the embryonated egg and this usually entails several days before the identification is complete. The non-viable soluble exotoxins of bacteria require time-consuming animal tests for identification.

Furthermore, it is not known whether the methods of isolation presently in use would be effective in collecting sufficient material for identification, even though agents were present in sufficient number to produce disease in humans.

Despite all these limitations there is reason to believe that our presently employed methods of isolation and identification would provide a ready answer to most problems. Research in such problems should be counted on to further augment our knowledge. One of the most pressing problems is the development of more rapid methods of detection.

### Early Recognition

One of the most important aspects in the control of an outbreak of disease is the recognition of its presence in the earliest stages. The first evidence of biological warfare may be the occurrence of disease or the developing signs and symptoms resulting from exposure. Cases may develop before it is recognized that an attack has occurred. Therefore the practising physician will have an extremely important part to play in the early detection of an attack. He will be aware of the type and number of cases which have been occurring in the area, and the sudden appearance of a new type of disease, or cases presenting unusual signs or symptoms, or a sharp increase in the number of cases should arouse suspicion of something out of the ordinary. There may be only one suspicious case in the first instance seen by any one physician. When there is reason to suspect that an outbreak of disease, or even a few isolated cases, might be the result of biological warfare, prompt notification to the local health authority is a prime essential. In this way it becomes possible to institute large-scale investigations and, if necessary, to introduce control measures. It will be seen that the reporting of communicable diseases to the health department by the family physician takes on an added significance. The more completely the reporting is carried out before an attack the more pertinent subsequent information will be. Prompt

reporting is also essential and it may be necessary to use more rapid means of communication than is ordinarily employed.

The health authority may be suspicious of the use of biological warfare as the result of information received from other sources. Absenteeism from schools or industrial plants often is a good index of an outbreak of a communicable disease in peace-time and could provide evidence of an attack. The admission of an unusual number of cases to hospitals and clinics would also arouse suspicion.

### Mass Immunization

It is logical to think of taking measures beforehand to prevent casualties, such as mass immunization, or immediately after the attack to reduce the extent and degree of exposure.

There are some very effective antigens available, such as diphtheria toxoid, tetanus toxoid, yellow fever vaccine, smallpox vaccine and others, with which it would be possible to protect the population by widespread immunization. For solid protection it is necessary to give not only the initial series but in most instances "booster" or reinforcing doses. There are diseases against which an effective antigen for active immunization is not yet available. Assuming that one used the known effective antigens, this would entail a series of initial injections, with repeated booster doses, which would create an administrative problem. This is not beyond the realm of possibility, as evidenced by the mass vaccination program against smallpox which was carried out in New York City in 1947 when over six million people were vaccinated within a month. There is also the experience in the armed services, during and subsequent to the 1939-45 war, of large-scale immunization with a multiplicity of antigens, which has been extremely effective. The story of the control of tetanus in the allied armies in the last war by the use of toxoid is one of the most dramatic events in the medical history of the armed services. There were two cases of tetanus in the Canadian Army overseas, 1939-45, without a single death. There is a mixture of five antigens in extensive use at the present time which has been found to be efficacious and devoid of undue reaction in the recipients.

### Disinfection

The methods employed for the disinfection of areas contaminated by biological agents will depend on whether the agents employed are of the persistent type or the non-persistent type. Persistent agents are almost invariably of the spore-bearing type and these can remain dormant, yet viable, for very long periods (in some cases, years) and under conditions in which non-persistent types of microorganisms would die rapidly. The persistent agents must be subjected to very drastic treatment (such as prolonged heating or burning) in order to destroy them, whereas the non-persistent types are killed by a variety of means including exposure to the weather.

The disinfection of a water supply contaminated by biological warfare could be carried out by the application of peace-time procedures such as filtration, chlorination and, in an emergency, boiling. The biological toxins are usually destroyed by boiling. If any of these agents were employed boiling for at least ten minutes becomes a necessity.

The methods of disinfection of surfaces, clothing, boots, and vegetation will depend on whether the agent was persistent or non-persistent. For the non-persistent types the standard methods of scrubbing, washing, immersion in suitable disinfectants, and exposure to the sun and air will be applicable. For the persistent types disinfection of clothes and various articles in a proper apparatus with prolonged heat will be necessary or resort to burning or very deep burial.

### Handling of Exposed Persons

The effects of an attack may be limited in two ways. Those persons known or presumed to have been exposed to the attack and not yet sick may be protected from developing the illness, or the severity of the illness may be reduced, by giving prompt

treatment in the incubation period with appropriate specific agents. In some instances antitoxin might be employed and in others a suitable antibiotic.

If an agent has been used which is highly communicable, and thus capable of being spread from person to person, the accepted methods of isolation, quarantine, and disinfection should be invoked in an effort to prevent secondary cases or epidemics.

### Personal Protection

The respirator, protective clothing, ointments and shelters have been developed as a protection against chemical warfare. Similar devices with proper adaptations could give protection against many of the biological warfare agents. The respirator is the primary protection against air-borne infection and should be kept in good condition.

### Health Departments

The local, provincial, and federal departments of health will have an important part to play in coordinating and contributing to the defence against biological warfare. In brief, this system of defence will be a development of the peace-time program for the control of communicable diseases. Immediately evidence comes to hand that an attack might have been delivered, a very thorough and careful investigation will be required by the health authority. Such an investigation would combine clinical, epidemiological, and laboratory investigations. The investigations would endeavor to determine whether an attack had been made, the causative agent or agents employed, what method of dissemination had been used, and the area and degree of contamination. This will require the organization of those presently engaged in the peacetime control of communicable disease since it will not be possible to allocate special groups for exclusive duty in connection with defence measures against biological warfare. The local laboratories in health departments, universities, hospitals, and scientific institutions should be organized to function within the limits of their competence and regional centres, having specialized skills and equipment, set up to enable complete identification to be carried out. The proper briefing of such personnel is an important part of the scheme.

# La Guerre Biologique en ce qui Concerne la Défense Civile

Milton H. Brown, M.D., D.H.P.

### Introduction

L'expression *guerre biologique* est préférée à *guerre bactériologique* et à *guerre des germes*, de façon à inclure l'usage d'êtres nuisibles, de parasites et d'hormones tout aussi bien que de bactéries et autres microorganismes apparentés.

Les journaux profanes et les périodiques d'intérêt national ont publié de longs articles sur la *guerre des germes* ces dernières années, de sorte que le public est bien au courant des possibilités de ce genre de guerre. Ce n'est pas encore un fait avéré que des agents biologiques aient été utilisés dans la guerre moderne, c'est pourquoi il est très difficile de déterminer quelle efficacité ils pourraient avoir. Certains spécialistes ont manifesté beaucoup de scepticisme au sujet des possibilités de

Le Dr. Brown est professeur d'hygiène et de médecine préventive, Université de Toronto. Ceci est le huitième d'une série d'articles du numéro spécial du *Canadian Medical Association Journal* sur la Défense Civile qui seront publiés avec la permission de l'Association Médicale Canadienne.

la guerre biologique, en prétendant que les agents biologiques seraient tout au plus de faible utilité comme arme offensive, tandis que d'autres ont soutenu que ces agents seraient même plus dévastateurs que la bombe atomique. Les pandémies de maladies telles que la peste noire du quatorzième siècle et l'influenza de 1918-19 démontrent catégoriquement les effets cataclysmiques de tels fléaux. C'est en raison de cette incertitude qu'il faut présumer que la guerre biologique constitue une formidable méthode d'attaque, jusqu'à preuve du contraire, et prendre toutes les mesures possibles pour rendre aussi inefficace que possible toute attaque de ce genre qui pourrait être lancée.

Un bref exposé des réalisations effectuées dans le domaine des recherches sur la guerre biologique durant la guerre de 1939-45 pourrait être utile. M. George W. Merck, expert conseil du Secrétariat de la guerre des Etats-Unis, en a tracé les grandes lignes dans une causerie donnée à Pittsburg, Penn., le 16 mai 1946. Ces réalisations ont été l'œuvre de divers groupes des Etats-Unis et de leurs alliés britanniques et canadiens. En termes généraux, les principales réalisations ont été les suivantes:

1. Elaboration des méthodes et des installations requises pour la production massive de microorganismes pathogènes et de leurs produits. Ces travaux ont entrainé la prévention de toute contamination de l'atmosphère, de l'eau et du sol autour des postes d'expérimentation.
2. Elaboration de méthodes de détection rapide et exacte de faibles quantités d'agents pathogènes.
3. Apport notable de connaissances sur les propriétés et le comportement des agents pathogènes en suspension dans l'air.
4. Pour la première fois, une toxine bactérienne cristallisée a été isolée à l'état de pureté et étudiée. C'était la toxine du *Clostridium botulinum* du type A, le plus puissant des poisons biologiques connus de l'homme.
5. Découverte d'un vaccin pour immuniser les poussins contre deux maladies mortelles pour les volailles, la maladie de Newcastle et la peste aviaire des poules.
6. Progrès dans le traitement de certaines maladies infectieuses des mammifères, l'homme y compris. Ce progrès a été occasionné par quelques cas de maladies attribuables à des accidents de laboratoire, cas qui ont tous été traités avec succès.
7. Découverte et épreuve sur une grande échelle d'un vaccin pour la protection du bétail contre la peste bovine, maladie comportant un taux élevé de mortalité chez les bêtes à cornes.
8. Etudes poussées de la production et de l'enrayement des maladies qui pourraient nuire aux récoltes d'importance économique.
9. Rassemblement de renseignements relatifs à l'effet de plus de 1,000 produits chimiques divers sur les plantes vivantes.

M. Merck a fait remarquer que "ces travaux de recherche et la révélation de leur aptitude inhérente à produire non seulement des armes et des moyens de défense, mais aussi des progrès dans les connaissances théoriques et pratiques de la médecine et de l'agronomie, ont fait naître un nouveau chapitre dans la science biologique."

Les moyens de défense font actuellement l'objet de recherches intenses, afin que nous soyons préparés à l'éventualité d'une attaque. Ces travaux ajouteront aux connaissances fondamentales de la médecine et auront une application en temps de paix.

Les principes fondamentaux de la guerre biologique ne sont pas tenus secrets, car l'information donnée dans cet article a déjà paru dans diverses publications profanes et techniques. On a fréquemment consulté ces publications et fait un usage abondant de leur contenu.

### Definition

La guerre biologique peut se définir l'emploi, à des fins militaires offensives et défensives, de la maladie, de la famine et de la peste, provoquées au moyen de bactéries, de virus, de rickettsies, de champignons, d'insectes, de substances chimiques du type des hormones et d'autres agents. C'est la propagation massive de la mort ou de la maladie chez les êtres humains, les animaux et les plantes dans des conditions qui n'existent pas dans la nature. Le pré-

sent article ne traite que de la guerre biologique dirigée contre l'homme.

### Caracteristiques des Agents de la Guerre Biologique

Le nombre des organismes qui peuvent provoquer ou véhiculer la maladie est considérable mais c'est un fait bien connu qu'ils ne conviennent pas tous à la guerre biologique. Selon l'opinion générale, les agents aptes à servir à cette fin doivent posséder les caractéristiques suivantes:

Un degré élevé de virulence et, par suite, une grande capacité à produire l'infection, de telle sorte que de faibles doses suffisent à cette fin; l'aptitude à produire une maladie qui soit mortelle ou qui cause une incapacité quelque peu durable; de la stabilité aux températures ordinaires et de la résistance aux forces destructives. Pour permettre leur dissémination dans l'atmosphère, ils doivent pouvoir résister à l'influence de la lumière solaire et de la dessiccation. On a découvert que la congélation rapide, suivie de dessiccation et d'entreposage sous un vide poussé permet de conserver leur viabilité et leur virulence à de nombreux types de microorganismes durant de longues périodes de temps. C'est une méthode qui sert communément à la conservation des microorganismes dans les laboratoires de bactériologie. Ils doivent convenir à une dissémination efficace et pas nécessairement par les voies habituelles de transmission. Certains accidents de laboratoire ont démontré que nombre de microorganismes peuvent donner lieu à une maladie s'ils s'infiltrent dans l'organisme par tout autre mode de pénétration que le mode normal. L'inhalation du virus de l'encéphalomyélite du cheval, qui se transmet d'ordinaire par l'entremise d'un moustique, a déjà provoqué cette maladie. Les maladies transmises par des voies non naturelles peuvent ressembler à l'infection naturelle ou bien elles peuvent donner lieu à un ensemble différent de symptômes et ainsi retarder le diagnostic. Les microorganismes doivent pouvoir se reproduire en quantités assez considérables pour servir à la fin envisagée. On pourrait citer nombre d'exemples de la production de microorganismes sur une grande échelle à des fins profitables. La production d'antibiotiques d'un "spectre étendu" à partir de champignons est un exemple typique. Dans certaines circonstances, par exemple lorsque la cible est de peu d'étendue, des quantités relativement faibles de l'agent seraient nécessaires. Si l'on veut que l'aérosol contenant les agents ne soit pas décelé par l'usage ordinaire des sens, il doit être incolore, insipide et inodore. L'agent idéal de guerre biologique en serait un auquel la population attaquée serait très sensible, contre lequel il serait difficile de s'immuniser, et qui serait capable de provoquer une maladie offrant de grandes difficultés de traitement.

Il est impossible de prévoir quels agents pourraient être employés mais les caractéristiques énoncées ci-haut indiquent certains agents probables. Dans le domaine des virus, ceux qui causent l'influenza et la psittacose; dans celui des rickettsies, celles qui causent la fièvre du Queensland et les fièvres typhiques; dans celui des bactéries, celles qui causent le choléra, la peste, le charbon, la tularémie, la brucellose, ou les fièvres intestinales; dans celui des champignons, peut-être ceux qui causent l'histoplasmose; et dans celui des toxines d'agents biologiques non viables, les microbes du botulisme ou du tétanos. Un mélange d'agents pourrait aussi être employé, qui pourrait donner lieu à un tableau clinique des plus déroutant.

Ne pas oublier qu'un ennemi bien décidé pourrait employer un agent totalement inconnu de cette partie du monde et s'en servir par un moyen inaccoutumé de transmission qui pourrait poser un problème très difficile de diagnostic.

### Moyens de Dispersion

Il est raisonnable de présumer que, pour la dispersion intentionnelle d'agents pathogènes contre l'homme, on aurait surtout recours à quelque méthode de suspension dans l'atmosphère; ainsi, l'infection se ferait par inhalation. Cela pourrait se faire en introduisant les agents toxiques dans les systèmes de climatisation des immeubles ou en les disséminant dans l'atmosphère au-dessus d'une superficie donnée.

Les microorganismes ou d'autres agents pourraient être ajoutés à l'eau potable, qui à son tour pourrait contaminer les aliments. Ils pourraient être ajoutés au lait ou à d'autres aliments mais l'emploi de ces méthodes semble moins probable, sauf dans des circonstances particulières.

Ils pourraient aussi être ajoutés à des médicaments ou à des cosmétiques ou être étendus sur la monnaie, sur des feuillets, et sur du papier.

### Methodes de Dispersion

Les agents de la guerre biologique peuvent être disséminés sur une grande échelle au moyen de bombes éclatant dans l'air ou sur une petite échelle contre des cibles particulières par des saboteurs.

La pulvérisation du haut d'un avion semble impossible à réaliser, vu que celui-ci serait forcé de voler à une altitude telle que le produit infectieux serait dispersé par les courants aériens avant d'atteindre le sol. Il serait possible d'employer cette méthode lorsqu'on pourrait y affecter des avions volant à faible altitude.

Si l'on se servait de bombes éclatant dans l'air comme moyen de dispersion, des nuages de microorganismes en suspension dériveraient en tombant et se répandraient sur une grande surface, ce qui ne laisserait probablement survivre que quelques pathogènes sur une superficie donnée. Cependant, même un petit nombre de microbes pathogènes pourrait suffire à faire éclater une épidémie. Après que le nuage initial est passé, il peut aussi être suivi d'un nuage secondaire. Les microorganismes, après s'être déposés sur les vêtements, les couvertures de lit, les tapis, etc., pourraient être remués lorsqu'on les secoue, les brosse ou les balaye, et ainsi produire une nuée secondaire. Celle-ci contiendrait une plus faible concentration de microbes mais elle pourrait encore suffire à causer des ennuis.

Si l'on avait recours au sabotage, la dissémination des pathogènes se ferait sur une plus petite échelle qu'au moyen des bombes éclatant dans l'air. Le genre de sabotage peut-être le plus dangereux pourrait consister à contaminer les approvisionnements urbains en eau potable, permettant ainsi une dissémination étendue et rapide. Ce procédé serait particulièrement dangereux si l'agent était ajouté à l'eau après sa filtration et sa chloration. Le saboteur n'a pas besoin de compter sur une source de l'extérieur pour se procurer les agents toxiques qu'il lui faut. Plusieurs variétés de bactéries pathogènes peuvent être cultivées sur des milieux simples sans nécessiter beaucoup d'outillage. Une telle entreprise pourrait même se poursuivre sous le couvert de la recherche.

### Virtualites de la Guerre Biologique

Il est extrêmement difficile, sinon impossible, d'estimer ce que serait l'effet direct de la guerre biologique. Elle pourrait faire des victimes dont les atteintes pourraient varier d'un malaise bénin jusqu'à la mort. Bien plus, l'ennemi qui utiliserait ce genre d'attaque pourrait bien viser à provoquer des infections causant des incapacités plutôt qu'un grand nombre de morts, vu qu'il imposerait ainsi une tâche beaucoup plus accablante aux services médicaux et sanitaires. Comme on l'a déjà dit, des gens qui s'y connaissent ont prétendu que la guerre biologique ne peut jamais constituer une menace sérieuse; d'autres, qu'on peut supposer aussi compétentes, prétendent que ses virtualités sont plus grandes que celles de la bombe atomique. Quel que soit le point de vue que l'on adopte, cette décision reposera sur le raisonnement plutôt que sur l'expérience des faits. Toutefois, on possède actuellement de nombreuses connaissances acquises sur lesquelles établir son opinion — par exemple, de données épidémiologiques obtenues avec des animaux de laboratoire, des rapports de plus en plus nombreux sur des infections accidentelles subies par des employés de laboratoire, et les connaissances étendues sur le comportement des maladies contagieuses dans les conditions naturelles. Tout cela laisse croire que la guerre biologique est nettement possible.

### Influences Attenuantes

En supposant qu'il y ait des victimes, plusieurs facteurs restreindront le nom-

bre des personnes qui pourraient devenir malades ou le nombre des cas secondaires qui pourraient résulter de contacts avec les personnes infectées en premier lieu:

1. Nombre d'agents qui semblent le mieux convenir à la guerre biologique ne se transmettent pas de l'homme à l'homme.

2. Dans beaucoup d'épidémies d'origine naturelle, il y a des personnes exposées chez qui la maladie ne se manifeste pas. Il y a aussi les infections dites "subcliniques" qui peuvent aboutir à l'immunité. La diphtérie en fournit des exemples.

3. Bien des gens possèdent un certain degré d'immunité contre plusieurs des maladies contagieuses. Cette immunité est difficile à estimer mais elle aide cependant à enrayer de façon naturelle ces maladies. Certaines personnes acquièrent une telle immunité d'une façon naturelle qui passe souvent inaperçue, comme dans le cas de la poliomyélite, et d'autres, par immunisation artificielle, tel que dans le cas de la variole. Ceci pose la question de l'immunisation active contre les maladies auxquelles on peut opposer les antigènes satisfaisants et dont on traitera plus loin sous la rubrique de l'immunisation collective.

4. Il serait difficile de répandre sur une superficie donnée la dose optimum, vu que celle-ci, dans le cas de la guerre biologique, n'est pas encore connue, faute d'expérience vécue. En outre, il y a le vent, la pluie, la température et la lumière solaire, tous des facteurs qui influeraient sur le succès de la dissémination d'un agent toxique et qu'on ne peut régir à sa guise.

5. Enfin, et c'est peut-être la raison la plus importante qui motive le présent article, il faut reconnaître que, si l'on fait à l'avance des préparatifs suffisants et si l'on prend, après une attaque, des mesures appropriées fondées sur la lutte contre les maladies contagieuses en temps de paix, le nombre des victimes de la guerre biologique pourra être réduit au minimum. Ainsi, l'état de préparation, en ce qui concerne les moyens préventifs de défense, prend une importance.

## LA DEFENSE

Vu que la décision d'un ennemi éventuel d'avoir recours à la guerre biologique peut dépendre en grande partie de notre état de préparation, les précautions défensives constituent un aspect très important du problème. Les précautions prises contre la guerre chimique lors de la guerre de 1939-45 peuvent fort bien avoir été le principal obstacle à son emploi par l'ennemi. Il est fort possible que, si l'on a recours à tous les moyens de défense et d'une façon efficace, la valeur de la guerre biologique comme arme destructive ou causant incapacité des masses soit si fortement réduite que son emploi à cette fin n'en vaudrait plus la peine.

## DETECTION ET IDENTIFICATION DES AGENTS DE GUERRE BIOLOGIQUE

La défense civile contre la guerre biologique devrait viser à éviter qu'il y ait des victimes. Comme l'on présume, d'après l'état actuel de nos connaissances, qu'une attaque biologique ferait des victimes, nous devons faire tendre nos efforts à réduire au minimum les effets d'une telle attaque, c'est-à-dire restreindre au minimum le nombre des victimes, abréger la période d'invalidité, réduire le nombre de morts ou les prévenir totalement, et prévenir l'apparition de cas secondaires. Ce sont là des objectifs fondamentaux de l'activité des services d'hygiène en temps de paix, en plus du rôle que jouent les médecins dans la lutte contre les maladies d'origine naturelle. La coordination de la lutte contre les maladies contagieuses en temps de paix incombe surtout aux autorités d'hygiène publique. Dans l'organisation de la défense civile, les dispositions prises laissent aux services d'hygiène publique le soin d'assurer la défense contre la guerre biologique.

L'examen régulier de l'eau, du lait et des aliments est une façon reconnue de déterminer s'ils conviennent à la consommation humaine. L'échantillonnage de l'air pour en déterminer la teneur en poussières est aussi une pratique bien établie. Par contre, l'examen de l'air du point de vue de sa teneur en bactéries n'est encore qu'à l'état expérimental. La détection des agents de guerre biologique serait par conséquent extrêmement difficile. En dispersion

dans l'air, ils ne sont perceptibles par aucun des sens de l'homme et ils ne se prêtent pas à la détection par les indicateurs chimiques ni par aucun autre détecteur. Il nous faut donc adapter à cet état de choses nos méthodes reconnues d'échantillonnage et d'examen, si nous voulons parer à toute attaque éventuelle de ce genre. Les périodiques profanes ont reproduit des illustrations d'appareils d'échantillonnage et de filtres qui captent les bactéries et en permettent l'identification en moins de 15 heures. On pourrait établir des postes d'échantillonnage en vue de déterminer la flore bactérienne normale de l'atmosphère dans une région donnée, ce qui, s'il se produisait une modification de cette flore ou un accroissement brusque, permettrait de découvrir promptement toute attaque.

L'analyse bactériologique de l'eau, du lait et des aliments pourrait être étendue de façon à fournir les indications plus précises que les méthodes actuelles pour la détection de toute dissémination intentionnelle d'agents toxiques.

Les méthodes de détection couramment employées comportent de sérieuses imperfections. La culture de la plupart des bactéries sur milieu artificiel, pour aboutir à leur identification, prend plusieurs heures et même plusieurs jours. Pour isoler les virus et les rickettsies, il faut recourir à l'inoculation d'animaux de laboratoire ou d'œufs fécondés, ce qui fait qu'il faut habituellement plusieurs jours pour compléter l'identification. Les exotoxines solubles des bactéries non viables ne peuvent s'identifier que par des tests interminables sur animaux.

Bien plus, on ne sait pas au juste si les méthodes actuelles de séparation permettraient de recueillir une quantité suffisante de matériel pour l'identifier, même si les agents étaient en quantité suffisante pour faire apparaître la maladie chez l'homme.

En dépit de toutes ces imperfections, on a raison de croire que nos méthodes actuelles de séparation et d'identification pourraient fournir une prompte solution à la plupart des problèmes. Il faudrait compter sur l'étude de tels problèmes pour accroître davantage nos connaissances. L'un des problèmes les plus pressants consiste à mettre au point des méthodes plus rapides de détection.

### Premiers Indices

Pour enrayer la propagation d'une épidémie, l'un des points les plus importants consiste à la reconnaître à ses débuts. La première indication d'une attaque biologique peut être l'apparition d'une maladie ou des signes et des symptômes qui résultent d'une exposition. Il peut se produire des cas de maladie avant qu'on ait pu se rendre compte qu'une attaque a eu lieu. C'est pourquoi le praticien aura un rôle extrêmement important à jouer dans la prompte découverte d'une attaque. Il sera au courant du type et du nombre des cas qui auront été signalés dans la région et toute apparition soudaine d'un nouveau type de maladie, de cas présentant des signes ou des symptômes inusités, ou une brusque augmentation du nombre de cas, devrait lui faire soupçonner qu'il s'est produit quelque chose hors de l'ordinaire. Au début, un médecin peut ne se trouver en face que d'un seul cas suspect. S'il a des motifs de présumer que le début d'une épidémie, ou même quelques cas isolés sont dus à une attaque biologique, la première chose qu'il y a à faire est d'en aviser le service local d'hygiène. De cette façon, il devient possible d'entreprendre une enquête de grande envergure et, au besoin, d'appliquer des mesures de contrôle. On conçoit ainsi que le signalement des cas de maladies contagieuses au service d'hygiène par le médecin de famille revêt encore plus d'importance. Plus la notification sera complète avant une attaque, plus les renseignements subséquents seront justes. Il est en outre indispensable que cette notification soit prompte et à cette fin il peut être nécessaire d'utiliser des moyens de communication plus rapides que ceux qui sont habituellement employés.

L'autorité sanitaire peut être amenée à soupçonner l'emploi de la guerre biologique par des renseignements en provenance d'autres sources que le médecin de famille. Les absences des écoles ou des usines fournissent sou-

vent un indice de l'éclatement d'une épidémie de maladie contagieuse en temps de paix, elles pourraient de même fournir l'indice d'une attaque. L'admission d'un nombre inusité de malades dans les hôpitaux et les cliniques ferait naître des soupçons.

### Immunization Collective

Il est logique de penser à prendre des mesures à l'avance — par exemple, à pratiquer l'immunisation en masse, pour éviter qu'il y ait des victimes, ou immédiatement après l'attaque, afin d'atténuer le nombre et la gravité des atteintes.

Il existe actuellement quelques antigènes très efficaces, tels l'anatoxine diphtérique, l'anatoxine tétanique, les vaccins contre la fièvre jaune, contre la variole et autres, auxquels on pourrait avoir recours pour protéger la population par l'immunisation pratiquée sur une grande échelle. Pour que l'immunisation soit pleinement efficace, il faut administrer non seulement la série initiale, mais aussi, dans la plupart des cas, des doses de "rappel" ou de renfort. Par ailleurs, il y a des maladies contre lesquelles on n'a pas encore trouvé d'antigènes efficaces qui confèrent une immunisation active. En supposant que chacun veuille se faire administrer les antigènes efficaces qui sont connus, cela comporterait une série d'injections initiales, suivies de doses de rappel répétées, ce qui donnerait lieu à un sérieux problème administratif. Cette tâche n'est pas impossible, comme l'a démontré le programme de vaccination en masse contre la variole, qui a été exécuté à New York en 1947, alors que plus de six millions de personnes ont été vaccinées en moins d'un mois. Il y a aussi l'expérience des forces armées, au cours et à la suite de la guerre de 1939-45, alors que l'immunisation a été pratiquée sur une grande échelle avec une multitude d'antigènes et qu'elle s'est révélée extrêmement efficace. L'histoire de la lutte contre le tétanos au sein des armées alliées durant la dernière grande guerre au moyen de l'anatoxine est un des plus beaux faits de l'histoire de la médecine militaire. Il ne s'est produit que deux cas de tétanos dans l'armée canadienne d'outre-mer, de 1939 à 1945, et aucun cas mortel. L'emploi s'est grandement répandu d'un mélange de cinq antigènes, qui s'est révélé efficace sans provoquer de réactions indues chez les personnes ainsi immunisées.

### Desinfection

Le choix des méthodes qu'on devra employer à la désinfection des endroits contaminés dépendra de la persistance des agents toxiques disséminés. Les agents persistants sont presque invariablement du type sporifère; ces microorganismes peuvent rester assoupis, quoique viables, durant de très longues périodes de temps (durant des années, dans certains cas) et dans des conditions qui feraient mourir en peu de temps les microorganismes des types non persistants. Seul un traitement draconien (tel un chauffage prolongé ou l'incinération) peut réussir à détruire les agents persistants, tandis que les types non persistants sont tués par une foule de moyens, y compris l'exposition aux intempéries.

La désinfection des approvisionnements en eau qui ont été contaminés par des agents de guerre biologique peut s'effectuer selon les techniques employées en temps de paix, telles la filtration, la chloration et, dans les cas d'urgence, l'ébullition en plus. Les toxines biologiques sont ordinairement détruites par l'ébullition, de sorte que, si la contamination est due à l'un de ces agents, une ébullition d'au moins dix minutes devient nécessaire.

Les méthodes de désinfection des surfaces, des vêtements, des chaussures et de la végétation varient selon que l'agent de contamination est persistant ou non. Dans le cas des types d'agents non persistants, les méthodes traditionnelles qui consistent à brosser ou laver les objets avec des désinfectants appropriés ou à les plonger dans des désinfectants, et à les exposer au soleil et à l'air, pourront être employées. Dans le cas des agents persistants, il faudra effectuer la désinfection des vêtements et de divers objets par chauffage prolongé dans un appareil approprié ou il sera parfois nécessaire de recourir à l'incinération ou à l'en-

fouissement profond dans le sol.

### Traitement des Personnes Contaminees

Il y a deux façons d'atténuer les effets d'une attaque. Les personnes qu'on sait ou qu'on présume avoir été exposées à une attaque, mais qui ne sont pas encore malades, peuvent être protégées contre toute manifestation de la maladie, ou la gravité de leur maladie peut être atténuée, si on les traite promptement pendant la période d'incubation avec des médicaments spécifiques et appropriés. Dans certains cas, on pourra leur administrer une antitoxine, et dans d'autres, un antibiotique efficace.

Si l'agent de contamination est hautement contagieux et que, par conséquent, il puisse se transmettre de l'homme à l'homme, il faudra appliquer les méthodes reconnues d'isolement, de quarantaine et de désinfection, en vue de prévenir l'apparition de cas secondaires ou d'épidémies.

### Protection Personnelle

Le masque à gaz, les vêtements et les onguents de protection, ainsi que les abris, ont été inventés comme moyens de protection contre la guerre chimique. De semblables inventions, après adaptation, pourraient assurer une protection suffisante contre nombre d'agents de la guerre biologique. Le masque est le principal moyen de protection contre les agents infectieux en suspension dans l'air, il faut donc le conserver en bon état.

### Services d'Hygiene

Les services d'hygiène locaux, provinciaux et fédéraux auront un rôle important à jouer, en coordonnant les initiatives et en contribuant à la défense contre la guerre biologique. En quelques mots, ce système de défense sera une amplification du programme de temps de paix pour la lutte contre les maladies contagieuses. Dès qu'on percevra des indices qu'une attaque a pu avoir lieu, l'autorité sanitaire devra entreprendre une enquête approfondie et très soignée. Cette enquête devra comporter des études cliniques, épidémiologiques et de laboratoire. Elle visera à déterminer s'il y a réellement eu une attaque, quels ont été les agents de contamination employés, quelle méthode de dissémination a été utilisée, ainsi que l'étendue et l'intensité de la contamination. A cette fin, il faudra organiser les personnes déjà employées en temps de paix à la lutte contre les maladies contagieuses, vu qu'il ne sera pas possible d'affecter des groupes spéciaux exclusivement à la tâche d'appliquer les mesures de défense contre la guerre biologique. Les laboratoires locaux, ceux des services d'hygiène, des universités, des hôpitaux et des institutions scientifiques, devront être organisés de façon à faire leur part dans les limites de leur compétence, et des centres régionaux devront être établis et pourvus des techniciens spécialisés et de l'outillage voulu pour qu'ils puissent identifier tous les agents. L'instruction bien faite d'un tel personnel forme une partie importante du plan.

## Ducks

When God had finished the stars and whirl of colored suns
He turned His mind from big things to fashion little ones,
Beautiful tiny things (like daisies) He made, and then
He made the comical ones in case the minds of men
Should stiffen and become
Dull, humorless and glum:
And so forgetful of their Maker be
As to take even themselves —
*quite seriously.*
Caterpillars and cats are lively and excellent puns:
All God's jokes are good — even the practical ones!
And as for the duck, I think God must have smiled a bit
Seeing those bright eyes blink on the day He fashioned it.
And He's probably laughing still at the sound that came out of its bill!

— F. W. Harvey

---

The enamel of the average human tooth has about three-fourths the hardness of a diamond.

# Play for Preschoolers

Doris W. Plewes, M.A., B.Paed., Ed.D.

Parents, nurses, neighbors and babysitters all encounter the problems, both major and minor, of the tots of two, the three-year-olds, the extravagant fours, and the calmer and more self-reliant fives who are about to enter upon their school career.

The importance of keeping the preschool-age child's mind and hands happily occupied is a problem that is well known to all those who have anything to do with small children. Its importance extends far beyond the fact that it is an excellent way of keeping the children out of mischief — for the effect of play upon the character of the youngster deeply influences his life as an adult. It has been said that the test of any civilization is what is done about its children. Today's children will, in a few years, be asked to solve the problems of the world. Whether they succeed in doing it constructively and creatively will depend directly on the attitudes which they are developing now — attitudes developed to a large extent by their play experiences.

It is generally recognized that the child's main source of learning during his first six years is play. While personal habits such as eating, sleeping, and going to the toilet are deliberately taught, his appreciation of his world and his reactions to it, his ability to coordinate his muscles, to build and create, to live with other people and become a citizen of his community are the outgrowth of the hours spent at play.

### The Language of Childhood

Play is the language of childhood, the vital two-way channel of communication through which the world and all it holds, the child included, is discovered, experimented with, interpreted, and expressed. As the child "plays out" the story of his life — what he sees, hears, touches, and smells; the story of his longings, his fears, and his guilts — he clarifies his impressions and relationships. By experimenting with each situation he seeks to control it, reconstructing it so that he may develop a role for himself in relation to it, a role that he is prepared to accept.

To the child, play is what both work and recreation are to the adult, being at once his business and his refeshment. His play world, into which he puts his heart and soul, is his "real" world while the adult world as we know it is a hazy place he enters now and then.

Play should be free and unhampered. Discovery and adventure should be open to him continuously so that he moves forward with zest and initiative. Understanding adults may enter the child's play world and, even more significantly, can ensure that this world becomes a wholesome, joyous place wherein he can release his full potentialities and develop a well balanced personality.

### Wholesome Play Atmosphere

What is involved in ensuring a wholesome play atmosphere for preschool children? Briefly — space, time, tools, and understanding.

1. *Space* for running about, stretching, reaching, climbing, sliding.

*Making soapsuds muffins is fun.*

---

Dr. Plewes is assistant director, Physical Fitness Division, Department of National Health and Welfare, Ottawa.

2. *Time* for all-absorbing exploration and experimentation without interruption.

3. *Tools* that free the child's creative powers.

4. *Understanding* of the language of play.

Playthings and play materials are not just something with which to occupy a child's time; they are essential tools. Through their use he discovers his abilities, experiments with his world and his relationships to it, and expresses his thoughts and feelings in action.

This, of course, does not mean new playthings every day, a continuous supply of glittering gadgets that hamper the child's play and restrict his creative abilities. Better far to have a few simple functional multi-purpose playthings that will assist the child to think for himself and develop his imagination, creating new worlds each day with a few familiar props. Playthings for preschoolers must be sturdy and able to withstand the wear and tear of vigorous usage.

### A Daily Schedule

Play is so very important to the child that it demands its own time on each day's schedule. Just as most housewives plan their day's work in advance, so, too, wise mothers plan their children's play ahead. An unobtrusive routine will ensure that the child enjoys solitary play, play with others, indoor play, outdoor play, active play and sedentary play, all in one day. By evening the youngster is pleasantly tired, contented and looking forward to tomorrow.

*What's more fun than a party?*

The guidance an understanding adult can give at playtime is of great value. A word of suggestion, or a bit of help with a difficulty that is on the verge of wrecking a precious project, is all that is needed to encourage the child to carry on. Sometimes a word of mild appreciation will enable a shy child to go on with something he timidly began. The helping hand that steadies the wobbly tower and keeps it from falling, that patiently shows the child how to untangle his toys, not only turns frustration into joyous satisfaction but also teaches the child a way of meeting problems, helping him develop the patience to work them out.

### Yardstick of Development

Play is a yardstick of personality development. Dr. L. K. Frank, a recognized authority on child development, has said that "to read the language of play is to read the hearts and minds of children." Even a limited observation of a child's play reveals a great deal about the relationships, people, needs, and impulses that preoccupy him. The child's play activities are sensitive indicators of his needs and problems as well as of the stage he has reached in personality development. Adults who understand the significance of children's play can provide invaluable assistance in fostering the development of happy, healthy, creative, and emotionally stable individuals. As the child is helped to meet new problems, as he is guided in his play, the adult sees him grow in knowledge and skill, in his ability to interpret his impressions and to develop a satisfying role for himself.

From the age of two when the youngster is at the halfway mark between infancy and childhood to his fifth year when he is about to enter school, he lives through many changes. Children at these ages need the help of parents as planners, supervisors, and audience. Mother is expected to provide playthings and a place in which to play. Like the adult hobbyist, the child needs space. This does not mean an expensively furnished play-

room. Toys need not be costly affairs to please the two-to-five-year olds. Discovering the joys to be had from the simple things in life is both a challenge and an adventure. Joys and satisfaction come from one's ability to use familiar things successfully in new ways.

In case of illness, small patients are dependent upon mother or nurse who makes the long, inactive hours endurable. For the little one who is too sick to sit up, as well as for the convalescent who is able to be up and around but not to go out, some form of entertainment must be planned. For the sitting-up case, an ironing board astride two chairs makes an ideal support for meals and games. A little ingenuity can adapt the child's favorite pastimes to "the land of counterpane" and introduce some new ideas as well.

Developing a talent or taste for quiet play and hobbies is essential for happy living. By helping the child discover the fun to be had in painting, singing or listening to music, he becomes acquainted with hobbies that will provide lifelong interest. Happy is the child who discovers within himself joy and satisfactions in creative challenges.

*A cardboard carton makes a light and comfortable table.*

### A New Booklet

This whole subject of play for youngsters from two to five years of age is discussed in *Play for Preschoolers.* It provides 15 chapters of well illustrated reading matter, as informal as it is informative. Mothers, nurses, teachers, and babysitters will find hints that will help them understand a child's play needs and interests, as well as suggestions for games, toys, and stories popular with preschoolers. A selected bibliography provides suggestions for wider reading for those who wish to pursue the subject of the child's emotional and physical activities before he enters school. In addition, a Who's Who lists the particular governmental department in each province from which further informational material and consultant field services may be obtained.

*Play for Preschoolers* was prepared by the Physical Fitness Division of the Department of National Health and Welfare and was produced by the department's Information Services Division. The booklet is now obtainable from **The Queen's Printer, Ottawa, Ont.,** for *25 cents* per copy.

---

**To encourage the notion of solidarity among the nations in doing good is to combat war. To arouse a desire among States to vie with one another in really charitable undertakings, so that one and all may benefit from the successful achievements of others in the sphere of humanitarian progress, is to annihilate the petty prejudices and cold selfishness of race towards race. To advocate that the best means be sought of overcoming the obstacles which oppose human well-being is to develop humanitarian and pacific ideals.**

**— Henry Dunant**

---

**It is my firm belief that a community that is willing to leave to its government the responsibilities of its conscience has voluntarily sacrificed its freedom and the prospects of future generations.**

**— F. Cyril James**

**To have read the greatest works of any great poet, to have beheld or heard the greatest works of any great painter or musician, is a possession added to the best things in life.**

**— Swinburne**

# Are We Able?

Florence H. M. Emory

Those who have been privileged to witness the growth of the organized profession in Canada over a period of years are aware that they have observed and participated in the development of nursing during a formative and exciting period. From the earlier days when efforts were concentrated upon bringing into being machinery that would improve nursing service, and preparation for it, until the present we have marched towards the goal of a full-fledged profession with a generous degree of courage and integrity.

It seems to the writer that the Structure Study, now under consideration by the provincial units with a view to voting upon it at the Biennial Meeting in June next, affords a singular opportunity for Canadian nurses to give evidence of faith in the ability of the individual to consider matters which are the concern of the Canadian profession as a whole with clarity of thought and maturity of judgment. Thus it would appear that the vital challenge of this Report rests in the concept that persons sent from provincial associations to national meetings should be members and not representatives — that is, they should have freedom in voting upon matters of policy following full discussion, including contributions from individuals at large holding membership, rather than voting upon these matters according to opinions formulated prior to the national meeting.

It will be clear that the ability with which the individual member, whether from a provincial group or the membership at large, can communicate thought on the floor of the house in such a manner as to influence decisions concerning policy, is the crux of the matter; the provincial associations reserving always the prerogative of accepting or rejecting such proposals. In other words the director of the Study has paid nurses the compliment of assuming that, like other professional groups, they are capable of discussing in a democratic and realistic fashion, with freedom in the art of communication, a diversity of problems that press for solution. The Harvard Report entitled "General Education in a Free Society," published in 1945, outlined the abilities of an educated person and gave emphasis to ready communication of thought. Have we sufficient members, particularly those of younger vintage, who are sufficiently experienced in the art of communication to do this? If not, we can hardly consider ourselves to be professional. But surely that is not the case. Coming from schools of nursing in both university and hospital is a constant influx of new life which, given some experience, can rise to the occasion. If not, the situation reflects adversely upon the institution in which the preparation was afforded and the field where employment is given. My plea is to give it a chance.

Thus instead of stilted discussion and meagre participation when vital issues are discussed there will be a wholesome flow of opinion from the membership as a whole with marked influence upon decisions reached. Rightly or wrongly the impression is abroad that, after all, the appointed delegates from provincial associations know how they will vote prior to discussion at the national meeting, so why bother?

To my mind this is the crucial inference of the Report: the need for an open-minded approach to decisions at the national level on the part of all members. With certain other recommendations there may be compromise or adjustment but concerning the democratic procedure of encouraging the entire membership to have a point of view and to voice it clearly with conviction in matters of national con-

Miss Emory is professor of nursing and associate director of the University of Toronto School of Nursing.

cern there can be no question. Such is the underlying philosophy of the Report; such is "not the letter but the spirit of the law."

Is it premature? We can prove that it is not by rising to a professional occasion in a professional manner. The question remains — Are we able?

# You May be Starving Yourself

LOUISE ERICKSON

YOU MAY BE EATING three big meals a day and yet slowly starving yourself for certain vitamins essential to your well-being. The amount of food you eat actually has little to do with your general health. Your diet must be balanced to include vital minerals and vitamins if you are to avoid deficiencies which cause crippling and killing diseases.

Contrary to the belief of many, vitamin deficiencies are not the exclusive property of any one social group; they are often as prevalent among the rich as among the poorer classes. For example, alcoholics almost invariably suffer from vitamin deficiencies.

Man's interest in deficiency diseases developed slowly. An excellent example is scurvy. For countless hundreds of years seafarers, armies, and explorers had to contend with this killing disease, which is characterized by exhaustion, bleeding gums, hemorrhages, severe swelling of the joints and acute pain. Vasco da Gama, who sailed around the Cape of Good Hope in 1498, recorded how 100 of his crew perished from scurvy while at sea. We now know that the disease is caused by a deficiency of vitamin C, which can be obtained from potatoes, fresh vegetables and fruits, especially citrus fruits. The diet of early mariners consisted mainly of salt pork and dried beef for months at a time.

In 1593, Sir Richard Hawkins told how he prevented and treated scurvy with lemon juice, never suspecting that the reason for its dramatic results was vitamin C. In 1804, the British Navy officially provided a ration of lemons and limes for sailors, who then became known in every port of the world as "lime-juicers" from which the present-day term "limey" evolved. Today, scurvy is a disease of the past, although it is still found in isolated parts of the world and, during wartime, especially in concentration camps.

Rickets is one of the most horrible diseases ever to beset mankind. It is a form of malnutrition that is characterized by limbs bent into grotesque shapes, enlargement of liver and spleen, intestinal disturbance, and tenderness over various parts of the body. Although rickets is practically unknown in this country today, its history is one of the most depressing of all diseases.

It was not until the last half of the 17th century that rickets was recognized as a definite disease. Near the end of the 18th century, cod liver oil was described as a specific for treating the disease. For some unknown reason, advances made in the use of cod liver oil were apparently forgotten until the beginning of this century. By 1917, research had proved that the vitamin D in cod liver oil and sunshine was the specific factor for combating rickets.

Practically all vitamin deficiencies result from lack of several vitamins, rather than just one. A good example is pellagra, whose primary cause is a deficiency of niacin, but the condition is also accompanied by deficiencies of vitamins $B_1$ and $B_2$, as well as others.

Since many vitamins are destroyed through cooking, it is recommended that raw fruits and vegetables be included in the diet whenever possible. Only vitamin D can be manufactured in the body. All the others must be ingested as normal food constituents. Unfortunately, the animal organism does not have special storage organs

for vitamins, so a fairly steady intake is necessary for good health. It is generally believed that a person cannot injure himself by taking *moderate* amounts of vitamins, even if these are in excess of his needs. Any excess appears to be thrown off through natural body functions.

What is known about vitamins today can be summed up as follows:

VITAMIN A — *Chief sources:* butter fat, egg yolk, liver, pigmented and leafy vegetables, fish liver oils. Insufficient quantities of this vitamin cause night blindness and certain skin diseases, retard development of teeth, and lower resistance of children to infections.

VITAMIN $B_1$ (Thiamine) — *Chief sources:* all parts of plants, and especially in seed germ of cereal plants; yeast, pork, molasses, legumes, nuts and eggs. This vitamin plays a very important role in body metabolism and its absence contributes to a number of illnesses. Beriberi was known in China as far back as 2600 B.C., although it was not described clinically until 1642.

VITAMIN $B_2$ (Riboflavin) — *Chief sources:* eggs, liver, milk, heart, muscle, yeast, whole grain, and green vegetables. Insufficient amounts cause conjunctivitis and certain skin diseases, and contribute to pellagra.

VITAMIN $B_6$ (Pyridoxine) — *Chief sources:* seeds, whole cereals, yeast and rice polishings. It is destroyed by light but not by boiling. It is thought that this vitamin is associated with the intermediate metabolism of proteins, although its full role in human nutrition has not been determined.

VITAMIN $B_{12}$ — *Chief source:* liver. It is effective in combating pernicious anemia, especially the central nervous changes. It has been isolated from mash used in production of aureomycin, the antibiotic drug.

PANTOTHENIC ACID — The part played in human nutrition is unknown, although its wide distribution indicates that it plays a fundamental role. It is believed that its function is associated with that of riboflavin. It is known that liver, heart, egg yolk, yeast, peanuts, peas, molasses and rice bran are rich in this vitamin, one of the B complex group.

INOSITOL — also in the B complex group. Its mode of action is unknown although it is believed to be concerned with regulation of gastrointestinal peristalsis. *Sources:* meat, seeds, cereal brans, soybeans and fruits, especially citrus.

NIACIN (Niacinamide) — *Good sources* of this vitamin are heart, liver, adrenals, muscles, chicken, certain fish, wheat, rye, enriched flour, mushrooms, yeast, milk and egg yolk. It is the specific factor in combating pellagra, although several other vitamin deficiencies are usually present in this condition.

FOLIC ACID — Very widely distributed, in complex forms, and especially plentiful in liver, yeast, and green foods. Essential for proper metabolism, and for the prevention of various anemias.

VITAMIN C (Ascorbic Acid) — *Chief sources:* black currants, raspberries, lemons, oranges, grapefruit, rose hips and the sprouting seeds of peas and beans. Other good sources are: cabbage, cauliflower, spinach, kale, parsley, broccoli, cress, peppers, tomatoes, strawberries, gooseberries, and milk. Insufficient amounts of this vitamin will bring on scurvy.

VITAMIN D — It is contained in only a few foods in the average diet and in very small quantities. Eggs, herring, sardines, tuna and salmon (fresh or canned), milk, irradiated yeast and fish-liver oils contain varying amounts. Vitamin D reserve in the liver depends both on the dietary supply and exposure to ultraviolet light (sunshine). Absence of this vitamin causes rickets.

VITAMIN E — On a normal diet, vitamin E deficiency is unlikely to occur, so widespread is it. Indications are that this vitamin is also used in metabolism. In animals, it is definitely necessary for normal reproduction.

VITAMIN H (Biotin) — The part played by this vitamin in nutrition of man has not been determined, although there are indications that it, also, is concerned with certain phases of metabolism. In experimental animals, a deficiency has been shown to cause moderate impairment of antibody response. Biotin is found in most animal and vegetable tissues.

CHOLINE — While this vitamin is an essential human nutrient, exact data as to requirements are lacking. It plays an important role in mobilization of fat and is concerned in the transmission of nerve impulses. Its absence may, in part, cause cirrhosis of the liver.

VITAMIN K — Isolated from alfalfa, this vitamin is essential for normal clotting activity of the blood. Man's requirement is small. It is found in green parts of plants and in soybean oil.

VITAMIN P — This vitamin has been found to be essential for maintenance of normal capillary resistance. Symptoms attributed to absence of it: pains across the shoulders, leg pain on exertion, weakness, lassitude, and fatigue. *Best sources:* fruits, especially citrus; green vegetables, plums, prunes, and grapes.

# Florence Nightingale International Foundation

IN SEPTEMBER, 1951, the FNIF began to function in its new form. If the developments during the past 22 months have been neither startling nor rapid, it must be remembered that a great deal of very basic work has had to be carried out in order to create the framework for the new activities of the Foundation.

1. A general plan of administration for the work has been made, including office procedure, correspondence, and filing of information.

2. Books and historical materials belonging to the Foundation have been sorted and re-catalogued, and a joint staff library for the ICN and FNIF has been started. The responsibility for the periodicals (approximately 70) and professional magazines received at Headquarters, the circulation, and filing and binding of these have been taken over by the FNIF.

3. A new system for the filing of information concerning National Florence Nightingale Scholars, old and new, has been developed. All national nurses' associations have been asked to send information to us in regard to the appointment of Florence Nightingale Scholars on forms that are identical with our filing cards.

4. The creation of a centre of information has been started. Interesting and useful material has been gathered by correspondence and through personal contact with individuals, visits to schools of nursing, national nurses' associations, and various international organizations. In this respect the relationship which the ICN has with various international organizations is naturally of great value.

5. In a small way we have also started to give out information. A number of letters come to us all the time with questions in regard to nursing education.

6. A study of Advanced Programs in Nursing Education has been undertaken.

The request for such a study came through an agreement drawn up between WHO and the ICN in April, 1951. A plan for the conduct of the

ELLEN BROE

study was developed and approved by the FNIF Council at its meeting in August, 1951.

7. To compile a bibliography pertaining to the life and work of Florence Nightingale is one of the specific objectives of the FNIF.

A guide for the compilation of such a bibliography has been developed and the initial steps taken in regard to the location of collections. As Florence Nightingale collections are to be found almost all over the world, it is evident that a bibliography could only be worked out in cooperation with a number of countries. In agreement with the policy of the FNIF, all the national nurses' associations have been sent letters asking for their assistance in securing information in regard to materials pertinent to the bibliography. A large correspondence is developing with a great many countries—for instance, India, Australia, New Zealand, Germany, U.S.A., and various places in England.

*The new program,* and the budget for it, is planned in such a way that priority is given to the different activities in the order in which the Council feels committed, either through the objectives stated in the Trust Deed or because of the urgency of the requested projects.

1. In what has been called *the administrative program,* which includes the upkeep and conduct of the Headquarters Office, it has been decided to give serious consideration to:

(a) The securing of more office space for the FNIF, and appointment of additional personnel for special parts of the program as this develops.

(b) The further development of the centre of information in agreement with the objective laid down in the Trust Deed. This will embrace both the gathering of materials and the dissemination of information. It has been assumed that, as the FNIF, the type of education work it carries, and the information it holds, becomes better known to nurses in all countries, there will be a growing demand on the Foundation to share this information with the national nurses' associations with whom it is to work, and with individual nurses who wish to seek help or advice in regard to their personal educational questions.

This may mean the establishment of a planned educational service to be given from Headquarters, which will require specially defined policies. This service can be given personally or through correspondence.

(c) A way of giving information about educational opportunities for nursing (and at the same time creating a forum for discussion of educational principles and their application to practice between nurses from all countries) would be to develop a section for nursing education in the *International Nursing Review.*

The FNIF Council is interested in undertaking such work when time and staff can be made available.

(d) In connection with this section of the work, it is also the intention to develop the staff library at ICN Headquarters and make full use of the large number of periodicals and magazines, national and international, that are received.

2. The second section of the planned program, for which a budget has been prepared, consists of what can be called *program commitments.*

(a) The Reports I and II, concerned respectively with: a list of advanced programs in nursing in 28 countries; and a suggested method of how to study a school (illustrated with samples of some post-basic schools in which the method has been tested). We are hoping to have these two reports ready for publication soon.

It is the intention to try and keep up to date the information on post-basic programs, changes, and new developments and, if possible, to publish this information every three years.

(b) A new study has been planned to develop materials for publication as a *guide for planners of post-basic programs in nursing education.* An agreement has been drawn up between WHO and the ICN for undertaking such study and WHO is contributing towards the financing of the project.

(c) The plan to carry out a study of *basic education for nursing* was approved by the Board of Directors in 1951 but funds for this study have not yet been made available.

In preparing a guide for the development of post-basic education, the initial steps will also be taken in regard to the study of basic preparation, as the principles of education will be the same for both.

Detailed plans for both of these studies will not be developed until the present staff of the FNIF can find time, or additional staff can be secured for the projects.

3. In the third section of the program, which has been called the *proposed program*, we have included:

(a) The further development of the bibliography pertaining to the life and work of Florence Nightingale.

It will require, however, that additional funds and staff be found. A form of collaboration with the Wellcome Historical Medical Library in London has been suggested and would no doubt be of great value in saving the Foundation both time and personnel. But it would still be necessary to have a staff worker or a fellowship student working on this project over a long period of time.

(b) Furthermore, the FNIF Council is interested in calling what has been named a "planning conference" on nursing studies. Its purpose would be to get guidance from experts on the type of studies that should have priority; methods of research that would be the most practical and valuable; and secure maximum results with the minimum expenditure of money, time, and personnel.

The FNIF Council feels that by taking initiative for the conduct of such a conference, international leadership would be given to the nursing profession in the field of research that has become an important means by which to determine the function of nurses. Only when we know what the actual functions of nurses should be, can we plan the preparation that will equip nurses to carry out their functions.

*The Executive Committee of the FNIF Council, acting as a Finance Committee* (composed of the chairman and the vice-chairman of the FNIF Council; the president of the ICN; and as co-opted members with reference to finance: the treasurer of the ICN and FNIF and the executive secretary of the ICN) met immediately following the Council meeting to prepare the budget for 1954-55.

*The Board of Directors of the FNIF* (identical with the Board of Directors of the ICN) met on July 8, 1953, in São Paulo, Brazil, to receive the FNIF Council's report presented by the Council chairman, Mrs. R. Louise McManus. Most of the recommendations from the Council, with regard to program, budget, and policies, were approved. The following decisions of importance can be mentioned:

That technical editing shall be provided for all FNIF publications through the ICN.

That approval is given to the publication by the ICN of the study reports prepared by the FNIF.

That the Board of Directors consider it important to make budgetary provisions for keeping up to date the information on advanced programs in nursing education.

That approval is given to the potential development of a collaborative plan between the FNIF and the Wellcome Historical Medical Library in London, with regard to the continuous development of a library study pertaining to the life and work of Florence Nightingale, the initial approach to the Wellcome Historical Medical Library to be made by the ICN.

That approval is given to the development of an educational section in the *International Nursing Review;* and, also, that consideration should be given to further interpretation of the work of the FNIF in collaboration with the national nurses' associations in all countries.

That the FNIF Council is authorized to approach Foundations (or other suitable sources for financial assistance) for the purpose of conducting a planning conference on studies in nursing.

After the appointment of the new FNIF Council members by the Board of Directors, the composition of the Council is the following:

MEMBERS

Mrs. R. Louise McManus, chairman (U.S.A.)

Miss Majsa Andrell (Sweden)

Mrs. B. A. Bennett (Great Britain)

Miss Marjorie Duvillard (Switzerland)
Mrs. Stella Epstein (South Africa)
Miss Yvonne Hentsch, vice-chairman, representing League of Red Cross Societies (Switzerland)
Miss Marjorie Houghton (Great Britain)
Professor Joseph Lauwerys (Great Britain)
Mr. Ben S. Morris (Great Britain)

ALTERNATES

Miss Virginia Dunbar (U.S.A.)
Miss Aagot Lindstrom (Norway)
Miss Nettie D. Fidler (Canada)
Mlle Cecile Mechelynck (Belgium)
Miss T. K. Adranvala (India)
Miss L. van Hogendorp (Holland)

EX-OFFICIO MEMBERS

Mlle M. Bihet, president, ICN (Belgium)
Miss Ruth Sleeper, chairman, ICN Education Committee (U.S.A.)
Miss D. C. Bridges, executive secretary, ICN
Miss Ellen Broe, Director and Secretary to the FNIF Council

The FNIF Council's Executive Committee met in Petropolis, Brazil, on July 14, 1953, to consider the decisions made by the Board of Directors of the FNIF; to give information to new members of the Council; and to complete business which could not be taken care of by the Council in London, but was dependent upon the results of the Board of Directors' meeting. Two important points should be mentioned in connection with the Executive Committee, namely:

That, according to new policies, the Executive Committee now has three members besides the ICN president who is an ex officio member with power to vote: The chairman of the Council; the vice-chairman of the Council; and one other Council member (which is the new decision). The new third member should particularly be chosen for her accessibility to the director for conferences in London.

That the entire Executive Committee is to meet once a year; if funds permit, preferably twice a year.

These two new decisions ought to be most helpful for the conduct of the FNIF program.

In the Tenth Quadrennial Congress of the ICN the first session was concerned with the educational work. The chairman of the FNIF Council, Mrs. R. Louise McManus, was in the chair. The chairman of the ICN Education Committee, Miss Ruth Sleeper, reported on the work of her committee with reference to the study of visual aids and equipment for classrooms in schools of nursing. The director of the FNIF spoke about the Foundation's accomplished and planned program.

The fourth session of the WHO Regional Committee for Europe was held in Copenhagen, Denmark, September 7-10, 1953. The director was asked to attend the meeting as observer for the ICN.

The item on the agenda of most interest to the ICN and FNIF was on the education and training program for medical and health personnel in Europe. During an informal discussion on this question, the director was asked to report on the study of advanced programs in nursing education which the FNIF has been undertaking (requested by WHO). There appeared to be a need for more information regarding programs in post-basic education offered by the various countries, for the purpose of selecting suitable places and study programs for fellowship students.

ELLEN BROE, *Director*

---

Recently, a new 40-page booklet entitled "Have fun . . . get well!" was received here. It is directed primarily to young people and to parents whose children are ill with rheumatic fever or rheumatic heart disease. However, the specific suggestions for keeping the sick-abed child happily occupied can be helpful to all parents and convalescents, including those faced with no more pressing problem than a bad cold. Copies may be obtained from the *American Heart Association, 44 East 23rd St., New York 10, N.Y.*

---

Marriage resembles a pair of shears, so joined that they cannot be separated; often moving in opposite directions, yet always punishing anyone who comes between them.
— SIDNEY SMITH

# *Public Health Nursing*

# An Adventure in Teamwork

IRENE W. LAWSON

AN ADVENTURE IN TEAMWORK was undertaken in Welland, Ontario. The medium for this adventure was a one-day institute on community relationships for registered nurses working within the community. The idea grew out of an informal conference held by Miss Sarah Wallace and Miss Margaret Hardy, both nursing consultants in the Division of Industrial Hygiene, Ontario Department of Health, and the writer, regarding methods of uniting the efforts of industrial and public health nurses serving the same community. It was felt that correlated effort would not result until the nurses knew each other better and were more familiar with the other's complementary program.

Later, as plans for a get-together developed, other nursing groups in the community expressed their interest and a similar need, with the request that the program be developed on an educational level. To meet this demand the committee was reorganized to include all nursing groups in the community. Registration was limited to registered nurses actively engaged in nursing or serving the area on a consultant basis. Thirty-five nurses attended the institute representing every branch of nursing.

The objectives of the institute were:

1. To develop a better understanding of the respective fields of work and how each affects the basic social structure — the family unit.
2. To have a better understanding of how the various services affect the individual and, through him, his family.
3. To discuss ways and means of correlating nursing effort to the advantage of the individual, his family, and his community.

Group dynamics was the educational method used throughout the sessions. The program opened with a dramatized sketch of a family conversing amiably after the evening meal. This skit provided opportunity for the participants to identify themselves with a nursing function and to observe the lack of correlation.

The father was portrayed as a plant employee and the mother as a prenatal expecting her second baby. An imaginary three-year-old child played about the table. The mother opened the conversation with reference to the supper menu, stating that she and the public health nurse had discussed nutrition that day. The leisurely conversation drifted to neighbors and friends and the use they made of nursing services. The father, more quiet than usual, was a source of anxiety to the mother. Finally she elicited from him the fact that he had consulted the plant nurse with regard to his health. He feared that an operation was in the offing and disclosed his worries about loss of time, disability, and their coming baby. In this manner fears, responsibilities, and family reaction to illness were brought to the fore.

The following questions arising from the skit were later the subject of group discussion:

1. How do nurses appear to the families in the community?
2. How do nurses appear to each other?
3. How do nurses, through their work, hope to affect the life of the individual, the family, the community?
4. How can correlation of services take place?

---

Miss Lawson, formerly supervisor of public health nursing, Welland (Ont.) and District Health Unit, is assistant secretary-treasurer, Registered Nurses' Association of Ontario.

Some suggestions arising from group discussion were:

There is a need for better public relations programs in communities to interpret to the public the various nursing services available. The nurse herself, however, is a valuable publicity agent since she tends to influence those with whom she comes in contact.

Since the demand for nursing service is frequently related to the satisfaction previously experienced, progress could be expected at the rate nurses are able to demonstrate the value of their services.

Schools of nursing, through their teaching programs, could prepare student nurses more effectively for entrance into the community at the graduate level.

Orientation programs could be planned for nurses new to the community and adopted by agencies, registries, and hospitals employing nurses.

Referral systems, if used wisely, could increase the effectiveness of each nurse serving the community.

Educational programs, similar to this institute, would be valuable to nurses working in small communities if spaced throughout the year.

The general conclusions drawn from the day's meeting were:

1. That all had become better acquainted.

2. That the services provided by nurses had a bearing on the lives of all the people in the community.

3. That greater cooperation among the nurses would provide better services within the community and that common objectives would be met more successfully if teamwork existed.

Thirty-three persons of the 35 attending answered the program evaluation sheet. The questions and answers were:

1. Have you enjoyed yourself? Yes — 33.

2. What did you get out of the meeting? The majority of answers ranged within the following:

That a better understanding of each other's field or service had been gained.

That consumers of nursing services were usually members of families and/or employed groups, hence in sickness or health were frequently known to one or more nursing services.

That acquaintance with co-workers led to interest in each other's service, thus cooperation became more meaningful — a real entity, not just something hoped for.

That as individuals they had become motivated toward better correlation of services and intended to do something about it.

3. Does this type of meeting interest you? Yes — 33.

4. Would you like to have a similar session on a broader scale? Yes — 30. No answer — 3. If yes,

(a) When? Quarterly, took the lead.

(b) Would you like other community workers included?

| | | |
|---|---|---|
| Yes | — | 21 |
| No | — | 2 |
| Eventually | — | 8 |
| Doubtful | — | 2 |

(c) Would you prefer leadership from an outside specialist?

| | | |
|---|---|---|
| Yes | — | 10 |
| No | — | 10 |
| Occasionally | — | 10 |
| No answer | — | 3 |

(d) What subject would you suggest for following programs?

Interpersonal relationships; mental health; the family on a broader scale; community resources and agency programs took the lead.

During the noon hour the group was entertained at the Woods Manufacturing Company cafeteria. Miss Edith Fenton, public relations secretary of the R.N.A.O., as guest speaker, commended the nurses on their venture. This institute, she said, was a most interesting development and the blazing of a worthwhile trail. She noted that some of the earmarks of a profession were the acceptance of responsibility as a group, self-organization, and individual participation. She elaborated on these three criteria and said that the holding of this institute showed evidence of professional thinking.

It was felt that the purpose of the institute had been met in part but that the future would show whether or not understanding did develop and if better teamwork had become part of nursing services in the Welland area.

# *Institutional Nursing*

# Team Leadership as it Appears to the Leader

LUCY D. WILLIS, M.A.

*Author's Note:* I became interested in the nursing team when a student at Teachers College. Interest increased to excitement as I pursued the subject further for my Master's degree study. Consequently, though my field is really nursing education, I was thrilled at being given an opportunity to help organize teamwork at Saskatoon City Hospital. This experience convinced me more than ever that the nursing team, holding daily nursing conferences, is a most effective addition to the teaching program.

* * *

I JUST STOPPED on the ward to pay a courtesy call. They did not need me anymore. Teamwork was well organized. As expected, Team I was sitting down having their daily conference during visiting hours. There were three students — two first-year and one third-year; three nursing assistants — one a Canadian Vocational Training graduate, the others attending lectures arranged by the hospital; and one graduate nurse who was team leader. The head nurse was not with them today. I slipped quietly into a chair at the edge of their circle.

They had discussed most of their patients but I was in time to hear some comments. One of the nursing assistants said, "Taking the castors off Miss K's bed has helped a lot. It is much easier to get her out into a chair with that heavy cast. And when her leg is elevated, it seems better to use the footstool plus a pillow. A chair is too high and makes the cast pinch her." One young student commented, "You know how quiet Mrs. J. is — sometimes seems almost sulky. Well, I found out that she had a cerebral hemorrhage many years ago. Since then, she has difficulty speaking. She will say whole sentences if you give her lots of time. She talks with the other ladies in there in the evenings and is quite witty. In the daytime she just says 'yes' or 'no' because we are so busy. We had a long talk while I bathed her and made her bed and she looked so happy. And all the time I thought she just didn't want to talk to us. Her eyes have been twinkling at me all day."

The team leader brought the conference to a close with one or two reminders — "Miss F., you will check that transfusion of Mrs. T.'s and make her comfortable, won't you? Mrs. P. can help you with her. And everyone, remember to encourage old Mrs. S. to drink something every time you go near her. She really needs it."

Afterward, the team leader and I sat and discussed team assignment, joined later by the head nurse. The earnest young graduate commented:

> At first, I didn't think I would be able to do it. There seemed to be so much responsibility and I thought for sure we would forget things. But everyone cooperated so well. Why, we actually do things we never thought of, nor had time for before. Organizing was hard. Sometimes it worked well but other times emergencies came up and disrupted my plans. Like the day Mrs. S. came back from the operating room an hour earlier than we expected her. The senior student was busy completing a bath. I

---

Miss Willis is director of the Regina College unit of the Centralized Lecture Program for Student Nurses in Saskatchewan.

was off for coffee. When I came back, the senior was with Mrs. S., having given our best qualified assistant instructions for completing the bath.

Another thing that surprised me was the contribution of the assistants — Mrs. P. for instance. She has been a housewife for a long time. Sometimes she sees a simple solution to a problem — something we don't think of because we are used to following hospital routines. Mrs. P. improvises.

We have helped the assistants, too. At first I was worried about the things they might do that they shouldn't, for they don't know all the dangers and responsibilities in hospital nursing. When we discuss patient care, it does give them more information and especially helps them to see their limitations. Yesterday, our youngest attendant came to me with a bottle of eyedrops. "Miss W. gave it to me," she said, "and asked me to put some in her eyes. But I told her a nurse would have to do that for her."

The head nurse spoke up, "Yes, sharing our knowledge with the nursing assistants certainly helps protect the patient and, incidentally, the hospital and the nursing assistant too. The assistants know we have good reasons for limiting their work to things they can perform safely. I think another reason why we are not having more trouble is because we have carefully ascertained the number of attendants we can keep busy on a ward this size. There is enough work here of the type they can do to keep them busy and contented. And I suppose the third reason is that we needed their help. The nurses realize this and it shows in their attitudes. They show they recognize that the assistant makes a worthwhile contribution."

"Yes," I said, "their appreciation is genuine and that is why it is so effective. Most of it came naturally because the nurses were really in need of help, as you say. However, remember our preparation. We discussed plans with all who were to take part. We spent time examining the roles of all team members. Assistants talked about their own and the nurses' jobs. Nurses considered both jobs and circumstances. Feelings of gratitude are important for productive team relationships but equally important is an intelligent understanding of what each member is able to contribute.

"Two other departments are anxious to start team assignments next week. We could benefit from your experience, Miss D. Could you spare some time tomorrow and we will make a list of the things you do as team leader. Perhaps Mrs. W. will join us?"

The next day we sat down in the little alcove where team conferences were usually held. Miss D. produced a list of her responsibilities as she saw them. We went over each point, as Miss D. elaborated:

1. *Determine what needs to be done for the patient.* I don't do this alone. Much of it is done by all of us in the conference. However, I am responsible. The doctor's orders outline some of this and routine orders, such as for post-operative care, help. But there is more to it than that. It is what you call the "nursing diagnosis." We try to get a total picture of the patient. Who is she? What brought her here? Under what circumstances? We use our eyes, our ears, our heads. Small details often tell us a lot. We don't get the whole answer all at once but each day we build on what we had before.

My experiences as a private duty nurse have helped me in this. Have you noticed how this approach to the patient affects attitudes to the persons we nurse? We do not hear complaints about patients' behavior—but rather an expression of the desire to help someone who has a problem—a medical problem, or a personal, or even a personality, problem.

Consider two and three together. 2. *Determine what each team member is able to do.* 3. *Assign work according to team members' ability and patients' needs.* Procedure cards help here and talking with the team members and particularly with the clinical instructor. But in the team it is not just procedures that are important. An assistant could give an enema to Miss K. but not to Mrs. S. *Who* the worker is and *who* the patient is and *how they feel about each other* must be considered. Remember Miss B. who thought everyone over 70 was helpless?

Until she got over that idea, her work with older patients was definitely limited. Yesterday I looked after Mrs. R. though she just needed a back rub and her bed straightened. We had a long talk. She is afraid she has cancer.

4. *Teach team members when the opportunity or need arises.* This is often unplanned teaching when problems come up during the day. At conference the head nurse or clinical instructor do a good deal of teaching. If I suspect a problem is likely to arise, we plan ahead and do a better job.

5. *Conduct the nursing conference.* This was easy, once I got over being nervous. Sitting in a circle helps. I try to see that everyone gets a chance to contribute, that no problem is shoved aside as insignificant and that we don't gossip. Sometimes I have to interpret what the nurses say to the assistants. "She has poor coordination" becomes "her legs may give way."

6. *Do my share of nursing care.* Again, procedures may be a determining factor but often it is a patient's personal problem that demands my time. Also, the whole team is upset if I don't take time to organize and plan. Disorganization is a communicable disease. As I am their central contact, it quickly involves all team members.

I certainly have nothing to add to the points that have been outlined. When we consider all that goes into good teamwork, we realize how far from the truth is the idea that teams are simply *a new technique of work assignment*. They are so much more. True teamwork is a development based on a *whole new concept* of nursing service. If we accept the team as a desirable development in nursing, we are endorsing at least two ideas of tremendous significance:

1. That the auxiliary worker has a *legitimate* function in providing nursing service to the patient.
2. That one function of the professional nurse is to give leadership to less skilled workers.

One of the big tasks for nursing education will be to help nurses accept the first idea and develop abilities to carry out the second.

REFERENCE

1. McManus, Louise R. Unpublished manuscript. *Assumptions of Functions of Nursing.* Teachers College, Columbia University, New York. 1951.

## Victorian Order of Nurses

The following are staff changes:

**Appointments**—Calgary: *Betty Choate* (University of Alberta School of Nursing). Corner Brook, Nfld.; *Joan Coughlan* (Ottawa Civic Hosp.). Dundas, Ont.: *Mrs. Audrey Jones* (St. Joseph's Hosp., Hamilton). Lincoln-St. Catharines: *Malca Norris* (Kingston Gen. Hosp.). Montreal: *Marjorie Bunbury* (Montreal Gen. Hosp.), *Mrs. Suzanne Gardon* (Yale University School of Nursing, New Haven, Conn.), *Ilse M. Wulf* (Charite Hosp., Berlin, Germany). Oshawa: *Isabelle B. Sorley* (Ottawa Civic Hosp.). Saint John, N.B.: *Florence Ray* (Gen. & Marine Hosp., Owen Sound). Surrey, B.C.: *Mrs. Joyce Winter* (Victoria Hosp., London). Toronto: *Phyllis Bryant, Dorothy Lockhart, Margaret Prosser* (Women's College Hosp., Toronto), *Mary Cooke, Verna Siddall* (St. Joseph's Hosp., Toronto), *Roberta Cunningham, Dorothy Nicol* (Hamilton Gen. Hosp.), *Doris Deane* (Mile End Hosp., London, Eng.), *Shirley Dawson* (Royal Victoria Hosp., Montreal), *Barbara Kelly, Olga Kolinsk* (St. Michael's Hosp., Toronto), *Diane Littlejohn* (Toronto Western Hosp.). Vancouver: *Thérèse Kelly* (St. Michael's Hosp., Toronto), *Grace J. Stewart*. Winnipeg: *Mrs. Gwen Swancar* (Children's Hosp., Winnipeg).

**Reappointments**—Galt: *Mrs. Agnes Hounslow*. Ottawa: *Lorraine McMullen*. Victoria: *Mrs. Dorothy Myers*.

**Transfers**—As nurse in charge: *Goldie Duncanson* from Burlington to Medicine Hat; *Catherine Gannon* from Vancouver to Niagara Falls; *Dorothy Loane* from Chatham, N.B., to Fredericton. As staff: *Martha Cox* from Montreal to Toronto; *Margaret Greig* from Whitby to York Township; *Jean (Haynes) Kingston* from Campbellton to Halifax; *Mrs. Modena Prowse* from Hamilton to Burlington; *Barbara Tilley* from Kitchener to Waterloo.

# Nursing Profiles

**Marie Elmina Hudson** is now the superintendent of nurses and director of nursing at the General Hospital, Hamilton, Ont. Born in Dunkirk, N.Y., Miss Hudson received her high school education in Kingston, Ont. She graduated from the General Hospital, Rochester, N.Y. She secured her B.S. degree from Teachers College, Columbia University, in 1937, majoring in administration in schools of nursing and, since then, has accumulated numerous credits at other universities as she has kept abreast of the changing developments in her chosen field.

Miss Hudson is familiar with every aspect of hospital activity. Following graduation she returned to Rochester General Hospital, first as admitting nurse, going on to head nurse, nursing arts instructor, and second assistant director of nursing. She served as assistant director at the General Hospital, Elizabeth, N.J., and as assistant, then director at the University Hospital, Syracuse, N.Y. For the past six years she has been director of nursing at the Rochester General Hospital.

Association activities have always had a large claim on Miss Hudson's time. The list of offices that she has held is long and varied, including district activity, committee activity, and special fields. She was representative of the N.Y. State Nurses Association on the State Coordinating Council on Poliomyelitis and later was chairman of a joint committee for a regional conference on this disease.

MARIE E. HUDSON

A member of the Zonta Club, Miss Hudson enjoys concerts, lectures, and drama as her time permits her to attend.

**Doris I. (Rawson) Small** is the new district director of the Greater Montreal Branch of the Victorian Order of Nurses. Born and educated in Moosomin, Sask., Mrs. Small is a graduate of the Winnipeg General Hospital. She obtained her certificate in public health nursing from the University of Toronto School of Nursing. She secured

DORIS I. SMALL

her certificate in administration in public health nursing in 1953 from the McGill School for Graduate Nurses.

For five years following graduation, Mrs. Small worked at the Winnipeg General Hospital. She was office nurse and laboratory technician in Winnipeg when she enlisted with the R.C.A.M.C. in World War II. After a brief period of service, she was married. In 1944 she became a staff nurse with the Victorian Order of Nurses later taking charge of the Owen Sound branch

for three years, going to a similar position with the Lincoln County branch in 1948. She has served on the headquarters staff of the Victorian Order for over a year.

Active in nursing association affairs wherever she has been stationed, Mrs. Small is a member of the Business and Professional Women's Club.

**Sister Denise Marguerite,** who is director of nursing of St. Paul's Hospital, Vancouver, B.C., is a native daughter of Penetanguishene, Ont. Following graduation from the General Hospital there she engaged in various fields of nursing before becoming a general staff nurse at Providence Hospital, High Prairie, Alta. In 1939 she went to St. Paul's Hospital as a supervisor. For six years she was director of nursing at St. Eugene's Hospital, Cranbrook, B.C. Sister Denise Marguerite holds her B.Sc. degree in nursing education from Seattle University and her M.S. from the Catholic University of America. Currently, she is secretary of the Vancouver Chapter of the Registered Nurses' Association of British Columbia.

**Gertrude Vivian Adair,** who is director of public health nursing with the Department of Health in Ottawa, was born and educated in St. Thomas, Ont. After engaging in secretarial work for several years, she entered the school of nursing of the Ottawa Civic Hospital. Following graduation she worked in the nursing school office for a

*Van Dyck*

G. Vivian Adair

couple of years before joining the staff of the Ottawa branch of the Victorian Order of Nurses. Gradually assuming more responsible positions, Miss Adair was with the Belleville, Montreal, and Ottawa branches before transferring to a supervisory position with the Ottawa Department of Health in 1951. She was acting director for several months prior to her present appointment.

President of her own school of nursing alumnae association and second vice-chairman of District 8, Registered Nurses' Association of Ontario, Miss Adair takes an active part in church work in her community, being particularly interested in the work with young people.

**Rose Mary McClan** has recently been appointed as a regional director with the Victorian Order of Nurses for Canada. A graduate of the Woolwich War Memorial Hospital, London, England, Miss McClan

Rose Mary McClan

holds her health visitor's certificate and the industrial nursing certificate given by the National Health Society of London. For some years she was senior sister in the medical department of a large Royal Ordnance Filling Factory of the Ministry of Supply. After the close of World War II she served in Europe with UNRRA as a nursing sister. She joined the Montreal branch of the V.O.N. soon after she came to Canada. She received her certificate in

*Harold K. White, Winnipeg*

BERTHA L. PULLEN

administration and supervision in public health nursing from the McGill School for Graduate Nurses. Until recently she was nurse in charge of the Niagara Falls branch of the Victorian Order of Nurses.

**Bertha Lucile Pullen** has resigned from the post of superintendent of nurses of the Winnipeg General Hospital and returned to her native Michigan where she is undertaking new work. A dynamo of energy, Miss Pullen's departure from Canada is a source of sincere regret to her many colleagues who have benefitted so considerably from her broad understanding of nursing problems and her very human approach to every situation.

Prior to going to Winnipeg, Miss Pullen, who is a graduate of the University Hospital of Chicago, had built for herself an international reputation in school of nursing work, had won both her B.S. and M.A. degrees from Teachers College, Columbia University, and had enjoyed a travel scholarship studying university schools of nursing in the United States. She had been director of nursing in the Anna Nery School of Nursing in Rio de Janeiro, at Methodist Hospital, Indianapolis, and had been associate dean of the school of nursing of Baylor University, Dallas, Texas. During the 1950-52 biennium, Miss Pullen was third vice-president of the Canadian Nurses' Association. The good wishes of nurses in many parts of Canada will follow her in her new position.

# In Memoriam

**Mary J. Beare,** a graduate of Presbyterian Hospital, Pittsburgh, Pa., who moved to Toronto after her retirement in 1938, died there on November 2, 1953, after several months' illness.

* * *

**Elizabeth Long,** who trained in a New Jersey hospital then practised her profession in Toronto for many years, died there on November 1, 1953, following a prolonged illness.

* * *

**Ethel May (Lockwell) Macnab,** who graduated from the Toronto General Hospital in 1909, died in Montreal on October 24, 1953, following a coronary thrombosis.

* * *

**Helen Gordon Tolmie,** who graduated from the Brantford (Ont.) General Hospital in 1893, died at Southampton, Ont., on August 8, 1953, following a lengthy illness. For 16 years following her graduation, Miss Tolmie had served as superintendent of the B.G.H. She then went to Vancouver where she spent a great many years in private nursing. She was a woman of strong character and high ideals.

* * *

**Eleanor Wainwright,** who received her training in the General Hospital, Rochester, N.Y., died in Calgary, Alta., on October 18, 1953, following a brief illness. Soon after her arrival in Calgary in 1911, Miss Wainwright joined the staff of the General Hospital as a head nurse. In 1942 she founded the Calgary Community Nursing Bureau and served as registrar until her retirement ten years later.

* * *

**Ella Cecilia Zettergreen,** who graduated from the Nicola Valley General Hospital, Merritt, B.C., in 1925, died in Enderby, B.C., on August 3, 1953. Miss Zettergreen had spent her professional life in hospital work.

# News and Echoes

*from*

*Your* National Office

## Meeting of C.N.A. Executive

Members of the C.N.A. Executive met for the second time of the 1952-54 biennium in the latter part of October. Throughout the proceedings there was a feeling of the need to press forward with the 27th General Meeting looming ahead. Perhaps the most pressing business was the discussion of proposed changes in the Constitution and By-laws in line with recommendations in the Structure Study. The Committee on Legislation, Constitution and By-laws has been working very hard to rephrase some of these recommended changes in line with discussions which took place at the January, 1953, Executive Committee meeting and suggestions which were submitted by the various national committees. However, it was emphasized that any association or ordinary member of the C.N.A. may submit amendments to the By-laws providing they follow the procedure as outlined in the present By-laws. This is as follows:

> By-Law XII. *Section 1.* These By-laws or any Section thereof may be added to, repealed, amended or reenacted at any time by a majority vote of those Voting Delegates present and voting at any General or Special Meeting of the Association. Notice of any proposed amendment must be given to the General Secretary at least three months prior to the date of any General or Special Meeting at which the amendment is to be voted upon and a copy of the said notice must, within one month after the receipt thereof by the General Secretary, be mailed by her to each Association Member.

In order words, although the Executive Committee does a great deal of the spade work in wording proposed amendments to the By-laws, any C.N.A. member, or group of members, may submit their own.

Just prior to the Executive meetings, the executive secretaries and registrars of the nine provincial associations met together to discuss problems of mutual interest. One question discussed very fully was that of difficulties encountered with nurses immigrating to Canada without having first made sure of their eligibility to become registered in one of the provinces. Although this subject has been under discussion frequently during the past few years, the situation does not seem to have improved. Recommendations were made to the Executive Committee and it is hoped that a clear statement of our policies may help to alleviate the problem in the future.

It was fortunate that at the Executive meeting we had as a guest Miss Ruth Hamilton, Adviser on Women's Employment, National Employment Service. She was able to explain the function of her department in the employment field and give a better understanding of how it is trying to cooperate. It does seem that if employers would use this service of our Government, many difficulties would be avoided. However, there are still instances of employers negotiating privately with nurses outside of Canada, forgetting that were they to follow the proper procedure of submitting their requests to National Employment Service, much less confusion would result.

The Executive was delighted to know that the first draft of the final report of the Head Nurse Study was on hand. Those nurses and the hospital which participated in the Study are having an opportunity of reviewing the material before the final printing is done. We hope that it will soon be available for distribution.

## Visitors to National Office

Mrs. Conchita Baradi-Ruiz, director of a school of nursing in the Philip-

pines, who has been observing the teaching of social work and the work of social agencies in Canada and the U.S.A., spent a morning in National Office. It is interesting that she, a public health nurse and educator, is preparing herself for the supervision of social work training. It is not too often that we see the coordination of the two professional fields. We found her an eager and delightful visitor.

We were pleased to welcome Miss Amy Viglione of the Kellogg Foundation. During the past five years, this foundation has been assisting Canadian university schools of nursing in the advanced preparation of their faculty members. Although this project will be completed this year, the Kellogg Foundation is still interested in Canadian nursing.

## Banff

Are you one of the 110 graduates and students who have pre-registered for the 27th Biennial Meeting in Banff? You are? Congratulations! In this case the early bird gets, not the worm, but the choice of accommodation and our grateful thanks. The more early pre-registrations there are, the less work and confusion at Banff. All you will need to do will be to present your registration card, obtain your badge and folder of information, and then take in the beauties of the mountains and lakes while your less foresighted colleagues get processed.

At the recent meeting of the Program Committee, we were asked to pass on two requests to the membership. If you belong to an alumnae association, or other special group, and wish to arrange for some type of get-together, please do so well in advance. Last-minute requests during the convention cannot be granted. And we have been asked to decide in advance which tours of the Park we wish to take. We will be asked to sign for the tours on the first morning of the convention in order that arrangements can be made for meals and other facilities. This applies particularly to Lake Louise, as the lodge there will not be open to the public at that time.

We who have been closely associated with the Arrangements Committee in Alberta were sorry to hear that Mrs. R. Matthew, secretary to Mr. R. D. McLean, Public Relations Officer in the Department of Economic Affairs, Government of Alberta, had been one of the many Albertans who contracted poliomyelitis. We understand, though, that she is back at work after a good recovery. The contribution made by Mr. McLean and Mrs. Matthew has been of inestimable value to our committee.

## National Office Staff

With the recent addition of Miss Lillian Campion to the professional staff at National Office, we are now in a position to reorganize the work. With the Assistant Secretary becoming the Nursing Education Secretary and with Miss Campion as Nursing Service Secretary, we feel that projects and studies, previously impossible because of the volume of association work, will now be possible. It looks like an interesting future.

*Happy New Year!*

## To a New Year

Little New Year, still so young, grant me gentleness of tongue; grant the gift so I may speak strengthening words to hearts grown weak. Year so newly in the land, grant me power of healing hand; give me hands from which may fall gifts of service, great and small. Give me feet that bravely tread even where despair has led. Give me body strong enough to face life's winds, however rough. Shoulders broad I would possess to bear another's deep distress. Year, so newly in the land, give me heart to understand troubles other folk do bear — understanding, I can share. Year, so newly on the scene, 'mid your beauties let me glean. Sounds of beauty let me hear; keep my soul from craven fear. Year, so newly in the land, hold me, gently, by the hand.

— Wilhelmina Stitch

# Nouvelles et Echos

*de*

*Votre* SECRETARIAT NATIONAL

### ASSEMBLEE DU COMITE EXECUTIF

LES MEMBRES du Comité Exécutif de l'Association des Infirmières Canadiennes, élus pour le terme 1952-54, se sont réunis à la fin d'octobre. Le sentiment général de l'assemblée s'est exprimé à plusieurs reprises sur la nécessité d'une réunion générale prochaine ce qui ne saurait tarder, le 27e Congrès étant à l'horizon. D'après les discussions, le changement dans les Constitutions et Règlements selon les recommandations faites dans l'Etude de la Structure semble être ce qu'il y a de plus urgent. Le Comité de Législation, des Constitutions et Règlements a travaillé avec zèle à rebâtir un texte conformément aux recommandations faites par le Conseil Exécutif en janvier, 1953, à la suite de suggestions reçues des divers comités de l'association nationale. Toutefois l'on insista sur le fait que toute association ou membre ordinaire de l'A.I.C. peut soumettre des amendements aux règlements, pourvu qu'on le fasse selon la procédure indiquée dans les Règlements actuels qui sont:

"REGLEMENT XII. *Section 1.* Ces Règlements ou toute Section de ces Règlements pourront être complétés, révoqués, amendés, ou rétablis en tout temps à la majorité des voix des déléguées ayant droit de vote qui sont présentes et qui votent à toute assemblée Générale ou Spéciale de l'Association. Un avis de proposition d'amendement devra être signifié à la Secrétaire Générale au moins trois mois avant la date de toute assemblée Générale ou Spéciale à laquelle l'amendement doit être porté au vote et une copie du dit avis devra être envoyée à toute Association Membre par la Secrétaire Générale en dedans d'un mois après sa réception."

En d'autres termes, bien que le Conseil Exécutif prépare les amendements aux Règlements, toute association membre ou tout membre de l'A.I.C. peuvent soumettre les amendements qu'ils désirent.

La réunion des secrétaires-registraires des associations provinciales a précédé celle du Comité de Régie. Les problèmes d'un intérêt commun y furent discutés tels que les difficultés que présentent les infirmières émigrant au Canada, sans s'être assurées au préalable de leur éligibilité à l'enregistrement dans l'une des provinces du Canada. Bien que cette question ait été étudiée à plusieurs reprises durant ces dernières années, il ne semble pas y avoir d'amélioration. Une recommandation à cet effet fut envoyée au Comité Exécutif. L'on espère qu'un communiqué de notre politique en la matière apportera une solution à ce problème.

Nous avons apprécié la présence de Mlle Ruth Hamilton, consultante au Service National du Placement. Elle se spécialise dans les emplois féminins. Elle a expliqué les fonctions du Ministère du Travail en ce qui concerne l'emploi. Elle nous a fait mieux connaître la coopération que peut apporter son département. Si les employeurs utilisaient davantage ce service du gouvernement bien des difficultés seraient évitées, et s'il y avait moins d'employeurs qui négociaient privément avec des infirmières étrangères, sans soumettre leurs demandes au Bureau National du Placement, il y aurait moins de confusion.

Le Conseil Exécutif fut heureux d'apprendre que la première rédaction du rapport final de l'étude des fonctions de l'hospitalière (head nurse) était prête. Les infirmières qui ont pris part à cette étude et d'autres personnes de l'hôpital où elle a eu lieu sont à en reviser le texte avant de le passer à l'imprimeur. Nous espérons que la publication de cette étude ne tardera pas.

### VISITEUSES AU SECRETARIAT NATIONAL

Mme Conchita Baradi-Ruiz, directrice d'une école d'infirmières des Philippines, fait un voyage d'observation au Canada et aux Etats-Unis. Elle a observé l'enseignement donné aux auxiliaires sociales et a visité les agences sociales. Il est intéressant de constater qu'une infirmière hygiéniste en plus d'être une éducatrice se prépare à surveiller dans son pays l'enseignement dispensé aux auxiliaires sociales. Il est assez rare de voir une telle coordination dans ces deux domaines. Mme Ruiz est une visiteuse charmante, s'intéressant à tout.

Il nous a fait plaisir de souhaiter la bienvenue à Mlle Amy Viglione de la "Kellogg Foundation." Depuis cinq ans la "Foundation" a accordé une aide aux écoles d'in-

firmières universitaires dans la préparation des membres de leur faculté. Bien que cette aide cessera avec l'année, la "Kellogg Foundation" s'intéresse encore aux infirmières canadiennes.

### Banff

Etes-vous l'une des 110 infirmières et étudiantes qui se sont déjà inscrites pour le 27e Congrès Biennal de Banff? Oui, alors toutes nos félicitations. Comme vous le savez — les premières rendues, les premières servies — c'est donc dire que les meilleurs logements vous seront réservés. Plus il y aura d'infirmières inscrites à l'avance, moins il restera à faire à Banff et il y aura d'autant moins de confusion. Vous n'aurez en arrivant qu'à présenter votre carte d'inscription, prendre votre insigne et le dépliant vous donnant les informations sur le Congrès et vous serez libres, prêtes à admirer les beautés des montagnes, tandis que vos compagnes auront à s'inscrire et à se chercher un logis.

Le Comité du Programme nous prie de vous faire deux communications. Si vous appartenez à une amicale ou à un groupe particulier et si vous désirez organiser une réunion il faut vous y prendre bien à l'avance. Les demandes faites à la dernière minute ne pourront être considérées.

L'on nous a aussi demandé de décider à l'avance des excursions que nous désirerions faire dans le Parc. Votre choix devra être fait dès le premier matin du Congrès. Cela est nécessaire pour l'organisation des repas, etc., tout particulièrement pour celles qui se dirigeront vers le Lac Louise, l'hôtel n'étant pas encore ouvert au public à cette saison.

Nous avons appris avec chagrin que Mme R. Matthew, secrétaire de M. R. D. McLean, Division des Relations Extérieures du Ministère du Commerce de l'Alberta, a été victime de la poliomyélite. Nous ne saurions trop souligner la contribution inestimable de M. McLean et de Mme Matthew. Nous sommes heureuses d'apprendre le rétablissement de cette dernière.

### Au Secretariat National

La venue de Mlle Lillian Campion comme membre professionnel du Bureau National favorisera une réorganisation du travail. La Secrétaire Adjointe devient la Secrétaire de l'Education en Nursing et Mlle Campion Secrétaire des Services du Nursing. Nous espérons maintenant pouvoir faire des études et réaliser des projets. Autrefois la chose était impossible à cause de la somme de travail de routine qui incombait à chacune. L'avenir s'annonce bien.

***Bonne et Heureuse Année!***

## Annual Meeting in Manitoba

For the second successive year, on October 13-15, 1953, the Manitoba Association of Registered Nurses held its annual meeting jointly with those of the Associated Hospitals of Manitoba and other kindred organizations: The Manitoba Public Health Association; Manitoba Women's Hospital Auxiliaries Association; Manitoba Association of Licensed Practical Nurses; Manitoba Division, Canadian Society of Radiological Technicians; Manitoba Branch, Canadian Society of Laboratory Technicians; Manitoba Branch, Canadian Dietetic Association; and the Canadian Association of Medical Record Librarians.

This 39th annual meeting of the M.A.R.N. consisted of two business sessions, two general sessions, and two joint sessions for all participating organizations in the hospital and nursing conference. During the first business session a group of local nurses presented "Operation C.N.A." through the courtesy of the Registered Nurses' Association of Ontario. All members present were enthusiastic in their acclaim for this method of stimulating interest and thought in the Structure Study of the Canadian Nurses' Association.

At one general session Miss Gladys Sharpe, director of nurses, the Atkinson School of Nursing of Toronto Western Hospital, was the guest speaker. Following Miss Sharpe's able address on the organization and conduct of this School, there was a panel discussion by Misses M. E. Hart, B. L. Pullen, M. K. Ruane, and Helen Oliver, with Miss Dorothy Dick as moderator. In addition, Miss Sharpe generously answered many questions from the floor.

A luncheon meeting was held for registered nurses and licensed practical nurses. Speaking on the subject of "Rehabilitation

Services," Mr. T. A. J. Cunnings, Manitoba representative to the National Rehabilitation Advisory Committee, and Mr. S. C. Sparling, executive director, Crippled Children's Society for Manitoba, were heard with enthusiasm. Mr. Cunnings told of the national planning whereby restorative services will be provided that will enable handicapped persons to attain the greatest degree of normality of which they are capable. Mr. Sparling spoke of the specific areas of service presently provided in Manitoba by the Crippled Children's Society. The out-of-town nurses present were particularly happy to learn in this way of the rehabilitation services available to citizens of Manitoba.

On the second evening of the conference, a program entitled "The Nursing Team *does* Work" was presented by Sister Delia Clermont and associates of St. Boniface Hospital. By dramatization they demonstrated: (1) the planning and organization necessary for instituting the team plan on a hospital ward; and (2) the way in which the participants in the nursing team cooperatively function on the ward. The clarity and finesse of this presentation held the very large audience in rapt attention. Many present on that occasion remembered the panel discussion of The Nursing Team at the annual meeting in 1951 when Sister Clermont was a participant and were, therefore, most interested in hearing how two and a half years later the team concept has been applied to a busy hospital ward by this able director of nurses.

The joint session for all participating organizations on the second afternoon of the conference will long be remembered by all. This session on "Dynamic Learning Techniques" was conducted by Mr. Gerry Morse and Mr. Howard Mold, representatives of the Minneapolis-Honeywell Regulator Company. First, using audience participants, they demonstrated the "role-playing" technique as applied to a small conference of departmental heads in a hospital and, second, by using the "Phillips 66" method they demonstrated how in 15 minutes the individual opinion of all 650 persons present could be secured on a specific problem. This was an unique experience. To assist each one in pursuing further knowledge of learning techniques, the very excellent manual prepared by the Minneapolis-Honeywell Regulator Company on Dynamic Learning Techniques was distributed to each person by courtesy of that firm.

The climax of the conference was a banquet at which Mr. Justice Ralph Maybank was the guest speaker. His topic was "Reminiscences of a Member of the House of Commons."

The total registration at the conference was 1,218 which included:

| | |
|---|---|
| Registered nurses — | 388 |
| Licensed practical nurses — | 90 |
| Professional nurse students — | 33 |
| Practical nurse students — | 39 |

LILLIAN E. PETTIGREW
*Executive Secretary*

---

Expectation of life among diabetics has increased substantially as a result of progress in the medical control of the disease and the introduction of insulin therapy.

Analysis by statisticians of the experience among many thousands of diabetics treated at the Joslin Clinic in Boston shows that no less than 35 per cent of recently deceased patients had lived 20 years or more after the onset of the disease, and that the list of causes of death is becoming more and more like that among non-diabetics.

Diabetic coma, which before insulin was the major cause of death among diabetics, was responsible for only 1.0 per cent of recent deaths. Death from infection, likewise, has been reduced to minor importance in the total mortality among diabetics, reflecting the generally improved condition of persons with the disease and the benefits derived from the use of the antibiotics and chemotherapy.

A major proportion of the deaths was accounted for by heart disease of the coronary type, a condition which occurs earlier and develops faster in diabetics than in non-diabetics. The second largest cause, accounting for nearly one-eighth of the deaths, was renal disease.

---

It is not how much you know about life, but how you live your life that counts. Those who can avoid mistakes by observing the mistakes of others are most apt to keep free from sorrow. In a world full of uncertainties, the record of what has gone before — human experience — is as sure and reliable as anything of which we know.

— RAY LYMAN WILBUR

# What our Associations are Doing

As MIGHT BE EXPECTED, there are a number of nursing problems, common to all provinces, that are the subject of discussion at committee and general meetings. Though the problems may be similar, they are dealt with on an individual basis by each provincial association in the light of its own background, growth, and needs.

From the different provincial reports submitted to the Executive Committee meeting in October, 1953, the following items would appear to be of general concern:

*Curriculum revision*: Three provinces have been concentrating on needed evaluation and revision of the minimum curriculum for schools of nursing. In Ontario the sub-committee on Curriculum Revision has completed its work and copies of the revised curriculum have been available for some months. An institute is now being planned to study the revised curriculum and evaluation, including the State Board test pool examinations. These may be initiated on an experimental basis in 1954.

The same topic was the main item of discussion at an instructors' meeting at Saint John, N.B., in February, 1953, when proposed curriculum changes were brought forward for consideration. A plan is under way to add "Nursing Aspects of Atomic Warfare" to the basic course in both New Brunswick and Nova Scotia. Alberta gave consideration to the establishment of a Curriculum Committee to develop a new program guide. It is hoped there that the university will appoint a full-time person to continue and complete the work already undertaken by the present Curriculum Committee. A study is also being made of curriculum needs for both professional and auxiliary psychiatric nursing personnel.

*Entrance requirements*: Changes in the high school curriculum in Alberta will affect entrance requirements to schools of nursing. A committee has been appointed to investigate the implications of these changes. The Legislation Committee in New Brunswick proposes to change the entrance requirements for schools of nursing to junior matriculation.

Prince Edward Island has announced that Grade XII is being established in the high schools throughout the province and university matriculation is now no longer attainable to those completing Grade XI.

*Psychiatric nursing*: One matter that was of concern in several provinces, as well as at the National League for Nursing convention in Cleveland, was that of providing experience in psychiatric nursing as part of the basic course. In Alberta the 1953 annual meeting approved the recommendations that the Alberta Association of Registered Nurses assist in creating a unified program for auxiliary personnel in the mental hospitals, and also, facilitate and increase affiliation programs in psychiatric nursing by the provision of increased residence space at the provincial mental hospital. The French-speaking nurses in the province of Quebec are pleased to have available now a translation of Render's "Nurse-Patient Relationships in Psychiatry."

Pointing up the interest in the psychiatric aspects of nursing is the fact that a two-week course in psychiatry, organized for instructors, was well attended in Alberta. In Nova Scotia a three-day institute was held at Dalhousie University on "Nursing Aspects in Mental Hygiene."

*Institutes and refresher courses*: Many interesting topics were chosen for these educational projects designed usually to meet the needs of special interest groups. In Alberta, courses on "Improving Nursing Care" have been given in three centres; a three-day institute on guidance was offered twice at the university, followed by a course for industrial nurses. This latter topic was also offered in British Columbia. A workshop in the fall and an institute in February are in the plans for Nova Scotia nurses. A pediatric institute on child-centred care was well attended by the nurses of Prince Edward Island. Everywhere there is a vital interest in

these educational projects and an enthusiastic response.

*Personnel policies* were revised in Alta., B.C., N.B., N.S., and P.E.I., while in Ontario a desire was expressed for the C.N.A. to revive consideration of the matter of nurses' pensions. It is agreed that economic security is a matter of great interest to most of the profession.

There are, too, many factors of concern in some provinces that have not arisen or have already been dealt with by others:

### Alberta

1. Prepared a set of rules and regulations for conducting the business of the four private duty registries; and regulations regarding the relationship of the nurse to registry function.

2. Reported the appointment of an adviser to schools of nursing by the University of Alberta and of a public health nurse consultant by the Department of Public Health.

3. Organized four more chapters to make a total of 20.

4. Set up new means whereby an applicant's eligibility for registration is assessed on the basis of her professional qualifications.

### British Columbia

1. Received authorization to proceed with the erection of a headquarters building for the association.

2. Enjoyed at the annual meeting the presentation by the Student Nurses' Association which took the form of a panel discussion on the topic "Is the Student Nurse an Individual?"

3. Arranged with four Washington State schools of nursing for their students to come to Vancouver for a 12-week course in pediatric nursing.

### Manitoba

1. Hailed the passing by the Provincial Legislature of the new Registered Nurses' Act, which establishes the functions and powers of the M.A.R.N.

2. Appointed a committee to study policies of administration and control of narcotics and sedative drugs in hospitals, and to investigate the instruction of student nurses regarding their handling and administration. Specific recommendations were made arising from the findings of the committee.

3. Formed a committee in the spring to plan for supplementary nursing assistance in the event of an outbreak of poliomyelitis. Classes on the nursing care were given but the number of cases was far greater than had been foreseen and the supply of nurses was woefully inadequate. A committee of the M.A.R.N. will make recommendations to the Technical Advisory Committee on Poliomyelitis set up by the Minister of Health, in order to secure action to provide better care in the future.

### New Brunswick

1. Acquired more office space and purchased some new equipment for the provincial association.

2. Is concerned with changes in the nursing Act to provide for licensing of professional and practical nurses.

3. Is studying and experimenting with means of introducing a central teaching plan in schools of nursing and setting up standards.

### Nova Scotia

1. Resolved that the post of adviser to schools of nursing be a permanent one.

2. Announced the opening of a school for the training of nursing assistants at the Camp Hill Hospital, Halifax, under the sponsorship of the D.V.A.

3. Authorized the Committee on Legislation to proceed with plans to introduce a Bill to provide for the licensing of auxiliary nursing personnel.

### Ontario

1. Is proceeding with a building project to provide suitable office space.

2. Recorded an encouraging increase in membership:

| | | *Dec. 31, 1952* | *Sept. 21, 1953* |
|---|---|---|---|
| Active | — | 8,215 | 10,181 |
| Associate | — | 956 | 1,651 |

And the organization of three new chapters in District 10.

3. Received an increased number of requests for loans and bursaries, indicating keener interest in post-graduate study and preparation for positions of greater responsibility.

### Prince Edward Island

1. Studied and revised the by-laws of the Association under the guidance of the Committee on Legislation.

2. Set up a core committee to make an intensive study of the changes recommended by the Structure Study.

QUEBEC

1. Reported widespread interest in the scholarships being offered to student nurses and awarded three scholarships of $500 each to graduate nurses for further study.

2. Are fortunate in having available a study of the A.N.P.Q. registration examinations for a 12-year period, 1941-52. It is proving of great value in efforts to improve the quality of the examinations.

SASKATCHEWAN

1. Has under way a study relating to "Costs of Nursing Education in Saskatchewan."

2. Sent an official delegate to the International Congress of Nurses in Brazil.

3. Held an institute for nurses in September under the sponsorship of the Canadian Mental Health Association, as a pilot project to increase the appreciation of professional people of the problems of mental health.

4. Has prepared, or helped to prepare, three briefs on subjects concerned with nursing.

## In the Good Old Days

(*The Canadian Nurse* — JANUARY 1914)

"HER ROYAL HIGHNESS, the Duchess of Connaught, made an appeal to the people of Canada last year for funds to enable the Victorian Order of Nurses to extend all of its activities. The result was the sum of $222,000, which has been set aside as an Endowment Fund. The interest will be used each year to extend the work of the Order, but principally to help in supplying fully trained nurses for the country districts."

* * *

"Do any of us really know what sort of expression we habitually wear? Hardly. When we peer into the mirror, our thoughts are diverted from their ordinary channel into the absorbing occupation of arranging our hair or clothes. We do not notice whether we look tranquil, cheerful and of a hopeful habit of mind, or peevish, gloomy, panicky or critical. What face do you present to the world?"

* * *

"It is high time to recognize that to hold a certificate of training does not qualify a nurse to undertake the duty of instructing others. The art of teaching is one for which only a limited proportion of nurses are fitted and they can only acquire skill in it as the result of special training."

* * *

"The cardinal virtue of a public health nurse is practical wisdom to grasp and comprehend, to sympathize, to regulate and order, to discriminate between true and false, to penetrate to causes, to plan for regeneration."

* * *

"Malnutrition is the chief cause not only of physical weakness but of mental weakness and is no doubt responsible for the dreadful ravages made by tuberculosis. A badly nourished body furnishes a poor support for intellectual efforts and, instead of being a barrier against, is a standing invitation to disease."

* * *

"We Canadians are justly proud of the fact that at the present time we possess the largest and most modern hospital in America. I refer to the magnificent structure just opened — the new Toronto General Hospital."

---

Nothing is so crucial to a child's happiness as the happiness of his parents. If they have dealt with their own problems and are getting satisfaction from their own lives, they will be able to give him warmth and real affection. With that as a shock absorber he will survive, without injury, experiences that would traumatize less fortunate youngsters.

— *The Social Work Journal.*

My typist has gone on hir holiday
Hy tiypist has gohn on a spre,
Mx typish hap gone on hyr haliduy,
O gring bacg mg hypist to me.
Bling bac? Ok Nrink bac k
Oh bynk bDck my tipisth to mi, ty mo,
Brung bicq O sling Rac!
O bynK bakk mi tipisth to mi.

From *The Valley Echo,* Fort San, Sask.


# Biennial Program Preview

During the past few months you have read much about the plans that are being made on your behalf for next June. The beauties of Banff make the 27th Biennial Meeting of the Canadian Nurses' Association an exciting trip to plan. But, what will this meeting really mean to the individual nurse, to her employer, and to those she serves? The professional content of the meeting is, of course, the most important aspect of such a gathering. The Program Committee is in the process of finalizing plans based on the many suggestions submitted by individual members, provincial and national committees. It is hoped to develop a program that will truly suit the tastes and meet the wishes of all the members.

The program has been built with two thoughts in mind. First, the business of the C.N.A. must be transacted efficiently and effectively. Second, each nurse must be able to find some new approach or method by which she may improve the service she gives to her patient, hospital, or health agency. Therefore, the program will be presented as an over-all demonstration of the recommendations of the Structure Study and their implication for the Canadian Nurses' Association and the individual member. Visual presentation will be liberally used.

The theme will be "Pathways to the Future," presented by a speaker of international as well as national fame. It is anticipated that for the first time the Newfoundland nurses will join the roll call as full members of the C.N.A. They will be warmly welcomed during our opening ceremonies.

Your present committee chairmen are planning to demonstrate how they will find their place hereafter should the "horizontal" principle of committee structure be accepted by the delegates. The following is a preview of the planning. It will be taking final shape long before this issue comes to your hands:

*Constitution and By-Laws*: Miss **Rae Chittick,** chairman, will present the proposed amendments to the by-laws, as recommended by the National Executive, after study of the Structure Study Report. Some of the essential principles from the Study will be presented by an able speaker.

*Finance*: Miss **Gladys Sharpe** plans to show you *where* your association money goes and *why*, in an interesting and effective manner.

*Nursing Service*: The chairmen of the three interest committees, **Misses Macfarland, Carpenter** and **Mrs. Brackenridge,** are planning a novel presentation of the newer ideas and methods involved in the requests for more information on the Nursing Team,

Home Care plans, etc. Health Insurance and Code of Ethics Committees will contribute valuable content to the Nursing Service portion of the program.

*Nursing Education*: Many requests have been received for information concerning the exciting developments in nursing education in Canada. Miss **Evelyn Mallory** and her committee will bring to you the results of their work. The development of a comprehensive statement on the preparation of auxiliary and professional personnel designed to provide more adequate nursing care for the mentally ill will be of interest to all nurses.

*Personnel Problems and Policies*: Miss **Geneva Purcell,** chairman of the Employment Relations Committee, has been asked to plan to present, with the assistance of the best authority available, information that will aid the promotion of the social and economic welfare of the members of the nursing profession.

*Communications*: *The Canadian Nurse*, Student Nurse Activities, and Public Relations all have a stake here. A lively discussion on Public Relations should assist both the nurses within the profession and the people whom they so loyally serve.

In addition to the formal sessions, eight in all, there will be "The Trading Post." There, the latest practical suggestions will be available to help you nurse your patients with greater ease, comfort, and success. Career opportunities may be included. Films for those who are interested will be shown during free periods.

The student nurses have great plans afoot — a "buzz" session on such topics as housing, privileges, curriculum content, affiliation; a panel on different types of schools in operation today. The major portion of one afternoon will be on fields of nursing or Operation Decision.

The final evening is for the Mary Agnes Snively Memorial. **Professor Salter** of the University of Alberta will give the lecture. He is a speaker who leaves a lasting impression on his audience. Professor Salter has given us the intriguing title "Forty Minutes" and has left it to tease our curiosity without further elucidation. Following the installation of the new officers our hostess province is having a coffee party in the View Lounge of the Banff Springs Hotel as the grand finale.

Five days, eight half-day sessions! This means two free afternoons spaced throughout the program to give hard-working delegates an opportunity to relax, to talk over their problems together, sight-see, meet old friends and exchange experiences.

By the way, if your alumnae group wants a special get-together, let us know right away as special places may have to be arranged for you and food brought in. *Special breakfasts and luncheons cannot be arranged after we arrive in Banff*. It must be done ahead of time. There will be a chuck-wagon dinner for all on Monday night. The Alberta student nurses plan to entertain the visiting nurses at a buffet supper as well.

Of course, we'll work hard and play hard, and return to our jobs better nurses for all of it. Be seeing you in Banff! — H. G. McA.

## Your Public Relations are Showing

Winning and holding the goodwill of a community is so simple, so easily attainable, so inexpensive, and so downright sensible that it is hard to understand why some institutions and people try to make something mysterious or difficult of it. It is well to remember that everything you do, everything you say, contributes to somebody's opinion of you. Your public relations are "showing" whether they be good or poor. If your actions, words, or service are such as to make people like you, then it may be said that your public relations are good and you are building that community goodwill so essential to your institution. It is the reaction of the patient, his family, and the public that is the ultimate yardstick by which your department and your hospital are measured. — EUGENE A. HILLER in *J. Am. Diet. Assoc.*, July, 1953.

## *Focus on . . .*

# A Widening Gap

In an editorial in the November, 1953, issue of *R.N.*, the editor, Alice R. Clarke, brings to our attention the weakness caused by the widening gap between bedside nursing and administrators of nursing. Mary Gardiner once wrote that "unsupervised work is demoralizing" and this is one of nursing's most vulnerable spots in the care of the patients.

The inadequate supply of qualified, well prepared supervisors and instructors gives emphasis to our awareness that good supervision is the backbone of good nursing. Sound supervision itself is a means of developing nursing leaders in that it gives the nurse help in developing her own capacities. It frequently intensifies the nurse's professional interest in her work. Creativeness is fostered when the supervisor is accessible to discuss and show interest in new theories.

Because the number of experienced administrators is so unequal to the vast need, they must be all the more alert to the danger of separating themselves from the reality of their work, says Miss Clarke. Though they are highly trained and have a sound educational background, this is not a substitute for knowing what is going on in one's own organization. "When supervisors or administrators do their own observing and interpreting, rather than using the eyes and minds of others, there is less likelihood of their losing their understanding of the real problems attending patient care. How subject to criticism are those who climb the success ladder only to join that portion of nursing's hierarchy so removed from direct contact with patient care that they in their ignorance of what's going on initiate much of nursing's headaches and heartaches."

The aim in all nursing education is to give good nursing service. There is no incompatibility between administrative training and the care of the patient — the inevitable result should be better nursing. Advancing nursing's professional status and achieving academic recognition is certainly important but not at the expense of patients' well-being.

# The Art of Interviewing

In an article entitled "Concepts of Interviewing," in *Nursing Outlook* for October, 1953, Charlotte Owens reviews concisely points to be remembered, if we wish to develop our ability to relate to others, and to understand and use the best means of helping them, based on our professional knowledge and skill. The ability to communicate with others is indispensable in our culture and the interview is the most widely used method. A good nurse must be skilful in interviewing because the effectiveness of her work depends on her ability to establish mutual understanding, by interchanging feelings, through listening, thinking, talking and clarifying problems.

A common pitfall in nurses' interviews is a tendency to give suggestions too freely or to assume that people need only to be informed in order to start action. Also, the nurse may define a problem and outline a course of action before the patient is ready for it. She may thus have arrived at a solution quite different from the other person's and her advice may promote resentment and resistance. The nurse must be able to understand the problem *as the other individual sees it,* says Miss Owens, and the person being interviewed is the one to decide what he wants to do about it. The decision must be his, even if he decides not to act at all.

Attitudes and feelings are of the greatest importance and the nurse must recognize that people often have feelings of fear, anger, or guilt that are not expressed. She must remember, too, that a fear-ridden person is not open to intellectual reasoning. Discussion should be centred around a specific problem and the questionnaire type of approach avoided. The individual must be able to feel that his problems at this particular time are the chief concern of the nurse, so she must arrange for a minimum of interruptions.

When interviewing children it is important not to anticipate what the child may

say and express it for him, before he is given the opportunity. A comfortable suggestion such as, "All of us have trouble sometimes," may serve to open a discussion. Miss Owens states, too, that "it is absolutely essential to be as honest with a child as one would be with an adult . . . Lecturing or talking down to a child is not only ineffective but potentially harmful." It is helpful to remember that the child's attitude toward the nurse is influenced by his attitude to adults in general and that when children can express feelings of anger, hurt and disappointment toward a particular adult, the fear element is less.

In interviewing parents the nurse must be willing to let the parent decide what is best for his child after they have discussed matters fully. In cases of frank physical neglect she should be firm but not angry or hostile and must avoid condemnation. "In summary, the nurse encourages the parent to talk; she listens; she helps to clarify the problem with, and not for, him; and she helps him assume responsibility for the next steps in treatment."

## The Yoke of Alcoholism

It is becoming more and more generally accepted that the alcoholic is a sick person, and usually a personality problem, says Dr. Marvin A. Block, in an article in the October, 1953, issue of *American Practitioner.*

In Canada there are an estimated 1,629 of every 100,000 persons who can be classed as problem drinkers and, of these, probably one quarter might be considered chronic alcoholics — patients who require more or less constant attention from doctors, nurses, institutions, courts of law, social agencies, and their own families and friends.

Dr. Block feels that had these problem drinkers received proper medical care early enough we would not now be confronted with this vast problem. Had the education of the general public and the medical profession been as advanced ten years ago as it is today, he is convinced we could have spared most of these persons from having to bear the heavy yoke of alcoholism. He feels it is, therefore, imperative that the others — the problem drinkers who have not yet become confirmed alcoholics — receive medical care at the earliest possible stage of their problem drinking, if they are not to fall in to the "confirmed alcoholic" class, and it is to these individuals that the physician and educator must primarily devote their efforts.

It has long been recognized how much simpler it is to arrest an illness in its early stages than to try to cure it after it has become deep-seated. The first step is to make a detailed "drinking history." A record of amounts of alcohol consumed, with reasons, time, and effect noted, followed by a complete physical examination and laboratory procedures, should, in Dr. Block's opinion, do much to save the problem drinker from becoming a chronic alcoholic. When a physician notes indicative symptoms in the drinking patterns of a patient, is it not his responsibility to call the patient's attention to them just as he would discuss a beginning change in the blood picture, increased hyperacidity, or the signs of an early nephritis?

The alcoholic is a sick person, usually a personality problem, but in the early stage it is very difficult to isolate the person who will eventually be adversely affected by alcohol. Drinking in the anxiety neurotic or in the emotionally immature person is more dangerous than in the well adjusted person. These patients should be advised by their physician regarding their drinking, much as the patient with hyperacidity should be advised regarding his diet.

How can the physician help these people who seek his advice?

1. The patient must be taught to recognize the fact that he is having a problem with his drinking — the underlying neurosis must be treated, for often alcohol is used as a crutch in moments of acute anxiety, becoming more and more indispensable as time passes.

2. Physiological treatment is directed towards correction of diet deficiencies and metabolic or glandular dysfunction.

3. Psychiatric treatment is directed at the neuroses and psychoses.

4. Good use should, in Dr. Block's opinion, be made of *Alcoholics Anonymous* for group therapy.

*Rheumatics? Soak in Sulphur Springs at the Biennial, Banff Springs Hotel in June '54.*

# *Student Nurses*

## How it Feels to be President

PEGGY MCLEOD

TO BE PRESIDENT of the Student Council in your school of nursing is, indeed, a great honor and a worthwhile experience. However, when the excitement of the election day is over, many thoughts arise. First, there is joy and pride that you have won the esteem and confidence of your fellow students expressed by their hearty applause. Then comes a vague feeling of letdown. How can you possibly cope with the numerous problems that you will be facing?

Thinking about the problems does not ease the task. There is necessarily a great deal of business to be looked after in order to fulfill the customary objectives of a Student Council:

> The Student Council shall undertake to promote a wholesome spirit of interest among the students and friendly cooperation. It aims to exemplify the ideal of the school: "Christian Charity."

The duties of the president of the Student Council are as follows:

1. Preside at all meetings.
2. Be ex-officio member of all committees without a casting vote.
3. Countersign all cheques.
4. Present a report of the year's work at the last mass meeting of the year.

The president takes an active part in social activities of the school. Her official duties begin with a welcoming speech to the new students at the first party of the scholastic year. She introduces each newcomer to the student body. In this way they are made to feel at home and part of the school. A few weeks later the new class is officially received into the Student Council. This takes place at a "talent" party.

At the joyful time of the students' capping, the president of the Student Council conducts the pledge as well as the Florence Nightingale candle-lighting ceremony that symbolizes their entrance in the nursing profession.

The annual Christmas party, one of the most enjoyable celebrations of the year, claims the president as chairman.

When graduation time comes, the president is expected and proves to be a very important counsellor for the preparation of this glorious and long-awaited event.

If being president entails a great deal of hard work it does provide a rich and rewarding experience for leadership and public speaking. It also gives insight into some of the administrative and disciplinary problems that confront the director of nurses. At times the president's role seems to become that of liaison between the di-

PEGGY MCLEOD

---

Miss McLeod is a recent graduate of the Regina (Sask.) Grey Nuns' School of Nursing. She was president of the Student Council during 1952-53.

rector and the students. The students' grievances are brought up in mass meetings and those worthy of serious attention are taken to the director for consideration. When problems arise the president presents the students' side to the director and a solution is sought.

Furthermore, as president, many students come to you for guidance in their own personal problems. You must do your best to help them, as they should not be made to feel frustrated in the confidence they have placed in you. Much can be done to keep the students well contented and happy, and thus maintain the school spirit by everyone's friendly cooperation.

Some day you may be chosen president of your Student Council. Accept the position gladly for it is a wonderful opportunity to contribute to the continual growth of your Alma Mater.

# Book Reviews

**Care of the Medical Patient** — a Textbook for Nurses, by Margene O. Faddis, R.N., and Joseph M. Hayman, Jr., M.D. 654 pages. McGraw-Hill Co. of Canada Ltd., 253 Spadina Rd., Toronto 4. 1952. Price $5.20.

*Reviewed by Joan Gore, Clinical Instructor, Royal Columbian Hospital, New Westminster, B.C.*

This text has a stimulating new approach and makes a noteworthy contribution to the literature in medical nursing. Emphasis is placed on the social welfare of the patient and the study of the "individual" in addition to his disease. It should help both the graduate and the student nurse to understand that unless nursing includes attention to the emotional, social, and economic problems of the patient they are not meeting his total needs.

The text is developed in four parts. The first serves as an introduction in which diseases are classified and the desired qualities of a good medical nurse are defined. This section also includes some of the more important reactions to injury and disease such as inflammation, infection, acidosis and alkalosis. This should serve to prepare the student for more advanced study in pathology.

Part Two deals with the principles of good nursing care involved in the achievement of adequate rest; the principles of nursing in severe, acute illness; and the special problems that are frequently encountered in nursing the patient with a chronic illness. A short section on the needs of the aging patient is welcome, as the increase in the average life span has emphasized the necessity for a nurse to study the nursing problems of this large group of our population.

Important therapeutic measures, such as the administration of oxygen and the withdrawal of fluids from body cavities, are discussed in Part Three. In this section principles and purposes are stressed rather than techniques. This is important in order that the nurse may understand the necessity for adequate explanation to the patient of the treatment or diagnostic procedure that is contemplated.

The main section, Part Four, discusses disease conditions in relation to the system affected. Cardiovascular diseases, diabetes mellitus, pneumonia, and intracranial lesions of vascular origin are stressed. A glance at the list of the ten leading causes of death in this country gives us the reason for this emphasis. All of the more common disease conditions are fully discussed, including their pathology, signs and symptoms, treatment, nursing care, and prognosis. Less common disease conditions are dealt with in less detail but with the stress on nursing care. A chapter on disorders of personality and one on diseases of the skin are included and should prove useful to the student in her early experience with these conditions before she has had lectures and study of these topics.

This text has many excellent features including: stress on the social implications of disease, particularly chronic disease; case histories emphasizing the importance of patient-centred teaching and learning; suggestions for study at the end of each chapter. The choice of these suggestions seems particularly appropriate for in many instances

they refer the nurse directly to patients. For example, it is suggested that the student make a complete plan for the teaching of the next diabetic patient she will be nursing.

Listing of the symptoms and treatments of the more common disease conditions in outline form or as a summary would perhaps have made study and review easier for the student. However, adequate explanation of the reasons for these symptoms and treatments is given — a notable lack in some texts. A more detailed list of contents would have facilitated the finding of desired information but this fault is offset by an excellent alphabetical index. A bibliography is included at the end of each chapter and should prove valuable to the reader.

**Collegiate Education for Nursing,** by Margaret Bridgman. 205 pages. Russell Sage Foundation, 505 Park Ave., New York City 22. 1953. Price $2.50 (6 or more copies, 10% discount allowed).

*Reviewed by Sr. M. Felicitas, Director of Nursing, St. Mary's Hospital, Montreal.*

Dr. Bridgman, formerly dean of Skidmore College and active in the development of its department of nursing, was appointed by the Russell Sage Foundation in 1949 as a temporary nursing education consultant in connection with its counselling service. She visited many campuses and gained firsthand information about the variety and diversity of current teaching programs in existing schools of nursing. This book is her report.

It has been felt in some areas that her choice of title is unfortunate and would seem to indicate a book devoted entirely to a discussion of collegiate programs in nursing. Such is not the case, for at least half of its pages are devoted to a discussion of the general nursing situation and the hospital school of nursing.

The author briefly traces the development of nursing, from an apparently simple service to the sick to its present-day inclusiveness. She points up the wide range of functions expected in nursing service today, with a consequent differentiation of preparation for those who will perform those functions because of limited available human resources. She emphasizes that nursing has become a broad occupational field, requiring large numbers of different types of personnel.

Her description of the hospital school with its strengths and weaknesses, as well as

methods being used to improve this type of nursing education, is extremely well presented. A thoughtful study of the first three chapters could serve as a guide for setting objectives and planning curriculum revision in diploma nursing programs, as the needs, developments, and trends are clearly discussed.



The next three chapters are devoted to collegiate education for nursing, beginning with a discussion of general policies in higher education and followed by the ways these are applied or lacking in collegiate programs for nursing. The mere fact of the existence of such a program, or of a connection between a school of nursing and a college or university, does not automatically make it a superior type of program. Basic principles must be observed in such a set-up.

Four distinct types or patterns of degree curricula are discussed, with their accompanying strengths and weaknesses. Only three of these are approved. The fourth — the affiliation type — is not considered as giving a true college-level curriculum.

Dr. Bridgman concludes her report with a summary chapter. This is a timely book, easily read, and containing much useful and sound information for those in the field of nursing education. Though it is based on data of the nursing situation in the United States, there are many points of similarity with our Canadian pattern. We are aware that nursing education is undergoing a change but confusion as to the appropriate action required is prevalent. Whether one agrees with Dr. Bridgman's final statements

or not, her exposition of the problems and statement of the existing situations are objective and can serve as a beginning point of attack on our own problems.

**Guide for Baby-Sitters,** prepared by Elsie M. Stapleford, Director, Day Nurseries Branch, Dept. of Public Welfare, Toronto, Ont.

The booklet contains many valuable suggestions and instructions, not only to baby-sitters but also to parents employing them.

Baby-sitting in recent years has become an important development. Many mothers would not be able to get essential chores done, nor enjoy a few care-free hours of recreation if they could not trust their baby-sitters. Then, too, many young children first learn from the person who comes to baby-sit that there are other kindly people in the world who can be trusted.

It is a job of such importance, the Guide says, that one should be willing to furnish certificates of good health and character to the child's parents. A chest x-ray before applying for a baby-sitting job is particularly recommended.

The three major rules for baby-sitters outlined in the manual are: Keep them safe — Keep them healthy — Keep them busy. Starting with the warning never to leave a baby alone, the booklet outlines safety rules to be observed and checks to be made in order to keep babies safe and healthy. As for keeping them happily occupied, one should know some simple games, stories and songs.

Before assuming care of a young child, one should have the mother show how to pick and hold him, how to change him, how to warm his bottle and give it to him, and find out what position he likes to sleep in.

The Guide also discusses the particular problems of runabout children, those of school age and convalescent children. Children from 18 months to 4 or 5 years are pratically perpetual motion machines and require a lot of stamina and wit on the sitter's part. Sitting with children of five and six years and over is a different proposition. As they stay up later, one has to spend more time with them during the evening. These children are capable of looking after themselves in many respects, yet they are mischievous and thoughtless and apt to be carried away by excitement. As for convalescent children, they usually are very eager for activity after a period in bed but are also very apt to overtire themselves if they are allowed to do as much as they like. The sitter must, therefore, find out exactly what the child may be permitted to do.

Teen-agers are reminded that since this may be their first job, it gives them an excellent opportunity to practise many habits that will make them desirable employees when they are ready for full-time work.

---

There are two ways of getting on in the world: by one's own industry or by the stupidity of others.

— La Bruyere

## Ontario

The following are staff changes in the Ontario Public Health Nursing Services:

**Appointments**—*Mae Haviland*, formerly senior nurse, as supervisor, Oxford County health unit; *Mary MacIlveen*, formerly senior nurse, North Bay, as supervisor, Peterborough board of health; *Sheila*

*(Hart) Phillips* (Victoria Hosp., London, and University of Western Ontario certificate course) to Dufferin Co. health unit; *Jean (Lloyd) Lorimer* (Kingston Gen. Hosp. and Queen's University public health nursing course) to Kingston board of health; *Rolande Blais* (Ottawa Gen. Hosp. and University of Toronto general course) to North Bay board of health; *Anita Melvanin*, formerly with Port Arthur board of health, to North York Township board of health; *Mary Willsher* (St. Michael's Hosp., Toronto, and McGill U. p.h.n. course), *Violet Sam* (Brantford Gen. Hosp. and U. of T. gen. course). *Thérèse Belliveau* (U. of Ottawa School of Nursing and cert. course) to Ottawa board of health; *Marjorie (Cowan) Horton* (Regina Gen. Hosp. and McGill U. p.h.n. course) to Peel Co. health unit; *Dorothy Pickering* (Peterborough Civic Hosp. and U.W.O. cert. course) to Prince Edward Co. health unit; *Marguerite Gregoire* (St. Vincent de Paul Gen. Hosp., Sherbrooke, and U. of Montreal p.h.n. course) to St. Catharines-Lincoln health unit; *Margaret Nealon* (St. Michael's Hosp., Toronto, and U. of T. gen. course) to Simcoe Co. health unit; *Mary Tamney* (St. Michael's Hosp., Toronto, and U. of Ottawa cert. course) to Stormont, Dundas and Glengarry health unit.

**Resignations**—*Margaret Grieve* as supervisor of Oxford Co. health unit; *Ruth Bailey* from Chatham board of health; *Elizabeth (Burnham) Lowe* from Kingston board of health; *Sheila (Thompson) Sims* and *Elphegina Patenteau* from Ottawa board of health; *Berthe (Vaillancourt) Morel* from Prescott and Russell health unit.

## Archer Memorial Lectureship

IN THIS AGE OF RAPID CHANGE, it is well to take time to remember those, who by their works and Christian example, have made it possible for countless others to find encouragement and inspiration. Mrs. Rupert Buchanan of Montreal has made possible a lectureship, which is to be an annual memorial to her father, Albert Ernest Archer, O.B.E., M.B., F.R.C.S., LL.B., who was such a person in the medical world.

Dr. Archer came west from Ontario early in the century to work in the sparsely settled district around the village of Star. In 1905 he married Jessie Walker Valens, a

graduate nurse from the Hamilton General Hospital. They worked together to relieve the suffering from illness among the settlers, driving miles on rough roads by buggy or wagon, day or night. Sometimes these trips took only a few hours, other times several days. The results were always the same — in some way, some one had benefitted. Homes were made happy by the cheer and kindness with which every service was given and by the knowledge that if help were needed again it could be counted on to come from the same source.

By 1908 or '09 it was very evident that a building was needed where the people could come to see the doctor and stay while receiving medical treatment and nursing care. In 1911 a 16-bed hospital was erected in the village of Lamont (where the Archers had removed in 1906) by a community effort which was helped by the Home Mission Board of the Methodist Church. Dr. Archer was appointed the medical superintendent.

It was only a short time until the hospital started its first school of nursing. In 1915 the first class graduated in the person of Miss Annie Pursche. Through the following years under Dr. Archer and until his death in May, 1949, 285 nurses graduated. These women, nursing in many parts of the world today, are a living, working memorial to a man whom they remember with the deepest respect and affection.

Dr. Archer's interests were not confined to Lamont — he was known across Canada as one of the country's finest surgeons. His work on various committees connected with medical and research projects is repeatedly referred to by his contemporaries and younger men who are benefitting by his experiences.

He was honored by the medical profession on many occasions and was their national president in 1942. He served on council for many years, was active in various hospital organizations, and his interest in the nursing profession was never-failing.

There are now, and will be in the future, memorials erected to honor him. The greatest of these will be the men and women who have achieved a goal higher than would have been possible without the untiring efforts on their behalf by Dr. Archer.

On the evening of August 26, 1953, a group of medical men, staff, and student nurses and other nurses in the district of Lamont gathered at the hospital which Dr.

Archer headed from 1912 till 1949. They came to hear the first lecture given by Miss Helen Penhale, professor of nursing and director of the school at the University of Alberta Hospital, honoring his memory.

Miss Penhale's topic was the "International Congress of Nurses," held in Brazil last July. She spoke of her trip by air via New York to South America and of the adventures the group she travelled with encountered; the life and economics of the people and something of the governments concerned in the areas which she visited. The highlight, of course, was the report on the Congress. That this group has held together on an international basis in spite of wars and other troublesome times is truly great; in doing so they have achieved a unity for nurses that is envied among other professions. The Congress meets again in four years in Italy.

Miss Penhale's lecture was of a fine order — humorous, factual, and inspiring.

— FLORENCE A. LOVE



## Nursing Sisters' Association

Forty-three members attended the annual luncheon meeting of the *Halifax Unit* held on November 11 at the Nova Scotian Hotel. Preceding the luncheon, a wreath was laid at the Cenotaph by Jane Hubley and Miss Corriveau. During the past year a bridge, drive and dinner were greatly enjoyed by all who participated.

The *Victoria Unit* held their annual meeting on Remembrance Day followed by a tea and reunion. Presiding at the tea-table were: Dr. Holland, Mmes Hogarth, Stillborn, Gagnon, Misses Fletcher and J. Harris. Later refreshments were served to the shut-ins and flowers taken to the patients at the D.V.A. Hospital.

The nursing sisters were represented at the service at the Cenotaph when one of the members placed a wreath. They also took part in the Remembrance Service at the Cathedral.

The following officers will serve during the coming months: President, M. Graham; vice-presidents, K. Riley, Mrs. W. Cowan; secretary-treasurer, M. Burns; press representative, O. F. Watherston. The past president is M. G. Fletcher.

# News Notes

## ALBERTA

### Calgary

The November meeting of District 3, conducted by the president, E. Shaw, was well attended. Miss G. M. Hall will represent the group on the committee of the Calgary branch of the University of Alberta seeking facilities for securing the B.Sc. in Nursing degree in Calgary. The sum of $200 is to be raised yearly to aid two prospective students in nursing. A Christmas party was planned for the children from the Child Guidance Clinic. Dr. Donald Lindsay, psychiatrist, showed a film to illustrate his very interesting talk on "Emotional Illness."

The following officers will serve during the coming months: President, E. Shaw; vice-president, A. Fallis; secretary, L. Bibby; treasurer, Mrs. E. Jones; representative to *The Canadian Nurse,* Sr. S. Mageau.

### *Holy Cross Hospital*

The staff was sorry to bid farewell to Sr. L. Noel who has been the hospital superior for the past three years. She is now in Montreal. A welcome has been extended to Sr. R. Letellier, from Cambridge, Mass., who has replaced her.

The graduate staff was entertained at tea by Sr. Superior and the sisters to initiate the staff education program for the coming year. Mrs. E. Bland, educational director, is conducting a short course on ward administration, supervision and teaching for head nurses and their assistants.

### Hanna

At a fall meeting of District 5, with 14 members present, it was decided to invite L. Kremer to give the refresher course on poliomyelitis. Miss Lorenson gave an interesting and enjoyable report of public health nursing at Lac La Biche. Books will be sent to Korea as soon as the means of shipment are clarified by the Red Cross.

## BRITISH COLUMBIA

### Vernon

Seventy-five members of the Kamloops-Okanagan District enjoyed the semi-annual supper meeting, which was planned by the executive with J. Sutcliffe in charge. Joan Appleton, as guest speaker, delighted the audience with her interesting and amusing impressions of London at the time of the Coronation.

The business meeting that followed was conducted by the president, Mrs. P. Trueman, the officers appointed being: Vice-presidents, J. Sutcliffe, Miss Rowles; councillors, Mrs. G. Breckenridge, J. Russell; public relations officer, Mrs. Pearson. A. Beattie will continue as liaison officer.

### Prince George

Plans for a second bursary fund were made at the November meeting of Fort George Chapter. Through the kindness of Mrs. Kelway of Tweedsmuir Hotel, Burns Lake, funds which would have been used for expenses at the district meeting there in September are to be set aside for this second bursary to aid a prospective student nurse. As district councillor, S. Bradford was to attend the council meeting in Vancouver. Arrangements are being made to have the new by-laws printed. A beautiful rug was on display at the meeting and in use in the residence. It was purchased with part of the proceeds from the annual dance.

Gerry Gowans, director of nursing at Prince George and District Hospital, has been succeeded by Elizabeth Braund, a staff member for the past year. Miss Gowans was entertained at a farewell party by former members of the hospital staff, when she was presented with a portfolio.

### Vancouver

*General Hospital*

Mr. F. J. Fish, formerly in charge of the Records Dept., is attempting to complete School of Nursing collection items for the archives. He would be most willing to accept anything bearing on V.G.H. history, no matter how slight the interest might seem, whether written, printed or pictorial. Mr. Fish has made definite reference to copies of Hospital Annual Reports and would like to obtain those for 1917, 1916, 1914 and any previous thereto. In addition, certain programs of graduation exercises would be welcome, particularly any containing lists of prize winners for 1918, 1919, 1929, 1931 and any prior to 1918. Mr. Fish's address is *3416 West 5th Ave., Vancouver 8.*

Like the city it serves, V.G.H. has never stopped growing. It started life in 1886 as a nine-bed wooden building constructed to shelter sick and injured railway workmen. It later became known as the City Hospital and then, in 1902, V.G.H. was incorporated. It is now housed in 28 separate buildings, with miles of connecting sidewalks and covers an area equal to several city blocks.

Eleanor Graham has resigned as director of nursing at the Royal Columbian Hospital, New Westminster, to join WHO in India. B. Warkentine is on duty in Bella Bella. R. Flight is doing T.B. visiting and clinic work in Tillbury, Essex, Eng. G. Brown is on the staff of the new Penticton hospital. M. Bannerman is back at V.G.H. K. (Begg) McKay is maternity supervisor in Medicine Hat. H. Merritt has returned to her mission post in Bolivia after an extended furlough. M. Ryder is with St. Michael's Indian Residential School, Alert Bay, as school nurse. B. Mitchell is on duty with a private mental hospital, Hartford, Conn. A. Schock is nursing at the City Hospital, Belfast, Northern Ireland. T. Dunfield plans to join the staff of the United Fruit Co. Hospital in Panama.

G. Cowan and A. Croll have retired from the Metropolitan Health Service with a total of 44 years' service behind them.

**MANITOBA**

BRANDON

Mrs. E. Hannah, president of the Association of Graduate Nurses, was in charge of a large meeting in the fall at which 55 members were present. Mrs. R. Catley is in charge of subscriptions for *The Canadian Nurse;* E. Cranna will convene the scholarship committee; Mrs. R. Darrach reported for the Local Council of Women and Mrs. P. Leitch for the married nurses' group.

Members who attended the annual meeting of the M.A.R.N. were: Mmes J. R. Cruickshank, J. Hannah, E. Griffin, Misses M. Jackson, P. Beecher, O. Stewart, and E. Cranna who gave reports of the meeting to the Brandon association. Former Brandon members who also went to the annual meeting were: Misses C. Macleod, L. Blair, L. Arnott, R. Lane, M. Johnston and Mrs. J. Muir. Mrs. D. Speakman's group served a buffet luncheon at the close of this very successful and interesting meeting.

During the fall the married nurses' group of the Brandon association entertained the residents of Fairview, a home for elderly ladies, at tea, which was served by: Mmes A. Leitch, H. McKenzie, W. Jewell, H. Baeynon, G. Brereton, C. Cripps, B. Enders, H. Perdue, L. Rutter, W. Stewart.

**NEW BRUNSWICK**

CHATHAM

In the absence of the president, K. MacLean, first vice-president, presided at the annual meeting of Miramichi Chapter. The various reports revealed much activity during the past year. An instructive item on the program was the presentation of a panel on the C.N.A. Structure Study, the leader being Mrs. A. B. MacKinnon, Newcastle. Three other members also participated. Mrs. Grady gave a splendid lecture on "The Treatment of Epilepsy" while Miss Pibus, V.O.N. regional director for the Maritimes, also addressed the assembly.

The following officers were elected: President, Sr. Skidd; vice-presidents, J. Lynds, K. Woods; secretary, E. J. MacDonald; treasurer, H. Dunnett. The following will also serve in various capacities: R. Garnham, M. Wallace, D. Fraser, Mmes L. Grady, E. Paulson, H. Jarvis, J. Paul, B. Morris, Srs. Nowlan, Rideout, and Kenny.

MONCTON

Fifty-eight members attended the annual meeting of the Moncton Chapter at which the following were elected to office: President, Mrs. N. Smith; vice-presidents, Mrs. K. Carroll, H. Hayes; secretary, R. MacKenzie; treasurer, D. Steeves. The following were elected to other offices: Misses Cook, S. Stevens, Northrup, S. McLeod, Allain, Murray, M. Kay, K. Richardson,

Fournier, Mmes Robinson, G. Shaw, M. Buchanan, J. Lutes, R. Steeves, Van Buskirk, M. J. Perry, Colwell, G. O. Spencer, and Dr. H. L. McKeen.

Miss Hollinbeck, the nurse in charge of the V.O.N. branch, was welcomed to the chapter.

## ONTARIO

### District 3

#### Fergus

One hundred and twenty members and 12 guests were present at the annual meeting of District 3 when the chairman, W. Cooke, presided. It was interesting to note that the membership now stands at around 800, double what it was when the district was organized two years ago. E. Fenton, R.N.A.O. public relations secretary, brought greetings from the provincial association while T. Green spoke on behalf of the Department of Health. The Bursary Committee announced the award of the first bursary to a young student nurse. An interesting panel discussion on "Alcoholism," led by M. Thompson of the Homewood Sanitarium, was the main item on the afternoon program.

At the dinner held later a group of students from the Guelph General Hospital provided musical selections. Miss Cooke, as retiring chairman, was thanked by Mrs. J. Phillips for her leadership during the past two years. G. Hill brought in the new slate of officers as drawn up by the Nominating Committee.

### District 5

#### Toronto

A general meeting of District 5 was held in the new School of Nursing of the University of Toronto in November. "Highlights of the Tenth Quadrennial International Congress of Nurses" was the topic of the evening. Miss Florence Emory, who attended as chairman of the Membership Committee, described the work of this committee, the recommendations it made regarding requirements for membership, and some of the difficulties confronting it because nursing is at such varying degrees of development in the many countries seeking membership. Miss Helen McArthur, C.N.A. president, dwelt on some impressive moments of the Congress. Miss Jean Wilson, the district's representative, showed colored slides of the beautiful scenery in Brazil and of those attending the sessions.

Following the meeting, the members toured the new school.

#### *General Hospital*

The well appointed library in the new University of Toronto School of Nursing was furnished by the alumnae as a tribute to the memory of the late Jean Gunn, director of T.G.H. for many years.

The 84 students from all across Canada, who comprise the fall class, were welcomed

at a reception and tea. The Wellesley Division entertained a new class of 56 at an informal evening party.

Helen McLaren is now educational director at the school. G. Bradshaw has resigned as superintendent of nurses at Welland. J. McKay, M. Kennedy, and J. (Dunn) Liphart are on the staff of Women's College Hospital. D. (Fox) Easter has resigned as superintendent of nurses at Bruce County General Hospital, Walkerton, and is now at Norfolk General Hospital, Simcoe. M. Cleland has completed her course and is at the Civic Hospital, Peterborough. J. Murray and D. Cantlay are taking the public health course this year. T. Green has been made nursing consultant for Civil Defence for the Ontario Dept. of Health. E. Matheson has been assigned by WHO to North Borneo.

P. Heinmiller, B. Berger, B. Davey, L. Miller, and H. Sheldon are at the King Edward VII Memorial Hospital, Bermuda. C. Williamson is at the Presbyterian Hospital, New York. A. Graham has resigned as assistant matron at Westminster Hospital, London. E. Moore and J. Wilson attended the I.C.N. Congress in Brazil.

Dorothy Percy flew to England last July. Her WHO scholarship took her to Norway, Sweden, Finland, Denmark, Holland, and Geneva. G. Ross has resigned from the Ontario Society for Crippled Children and is now on the staff of the Toronto Public Health Dept. C. Kilborn has accepted a position at the hospital at Ethelbert, Man. B. Rowntree is at the new Ford plant in Oakville. M. Mercer is in England at St. Thomas's Hospital, London.

### District 12

#### Haileybury

Officers elected by District 12 are as follows: Chairman, K. King; vice-chairmen, Mrs. W. Avery, M. Coutts; secretary, Mrs. S. Robson; treasurer, M. Rice. Those serving on various committees are: E. Houston, D. Downey, S. Morgan, J. Couture, M. Zufelt, Mrs. R. McNulty. Councillors: M. Coutts, K. Mullen, A. M. Chilvers, D. Dooley, Mrs. G. McKay.

E. Fenton, R.N.A.O. public relations secretary, was guest speaker at the district rally at Kapuskasing. Over 60 nurses attended, some of whom had travelled 300 miles. Due to the strike at Timmins gold mines, there were no representatives from Porcupine Chapter.

## PRINCE EDWARD ISLAND

#### Charlottetown

A regular meeting of Charlottetown Hospital Alumnae Association was in charge of the president, E. MacDonald. A cash donation was voted towards the hospital bazaar. Following the business meeting, Dr. L. Farmer, as guest speaker, chose as his topic "Hemorrhage and Shock," as well as touching on other aspects of first aid.

## QUEBEC

#### Montreal

*Royal Victoria Hospital*

Within recent weeks, two new additions to the hospital have been opened. Mr. G. Blair Gordon officiated at the ceremonies in connection with the new wing of the Allan Memorial Institute. The Hon. Paul Martin, Minister of National Health and Welfare, was guest speaker. In November the addition to the Neurological Institute was opened by His Excellency, Right Hon. Vincent Massey.

The alumnae's chapter in P.E.I. held a

dinner meeting in Charlottetown when P. (Nicholson) Haslam was re-elected president and D. Cruikshank secretary. The Winnipeg Chapter heard B. Allen give an interesting talk on "Polio and its Nursing Aspects" at a dinner in November. The speaker is on the teaching staff of the King George Hospital.

The class of 1932 held a reunion when 24 members were present. Guests were former instructors — Mrs. (Dobie) Munro and Mrs. (MacNicholl) Butler.

Elinor Howell (1949) is now in charge of the neurological unit, Presbyterian Hospital, New York. Under the direction of Miss Henderson, Miss Howell gave a demonstration in the use of the Stryker frame which was photographed for the new Harmer and Henderson text. Miss Howell's mother is Mrs. Norman (Ellice Palliser) Howell, an R.V.H. graduate of the 1920 class. Her aunt, Elinor Palliser, was formerly director of nurses, Vancouver General Hospital.

L. MacKenzie, director of public health nursing in Winnipeg, has been working in the organization of the Gamma Globulin Clinic and follow-up care of discharged polio patients. Lt. Com. Mary E. Nesbitt, *H.M.C.S. Stadacona*, Halifax, has been awarded the Coronation Medal. L. Wells and I. Milligan are on the staff of Winnipeg General Hospital. J. Dempsey is with the R.C.A.M.C., Camp Shilo, Man. B. Pratt is teaching at the P.E.I. Hospital, Charlottetown. M. Baker is working in Jasper, Alta. W. (Brugman) Cameron and G. (Lafontaine) James are doing private duty, while the following are engaged in part-time nursing: M. (MacDonald) Lawford at Misericordia Hospital, Winnipeg, and P. (Varley) Hutchison at King George Hospital, Winnipeg. M. Ogilvie from Victoria was a recent visitor to the school.

### Quebec

### *Jeffery Hale's Hospital*

A regular meeting of the alumnae association was held with 13 members present. Miss Jones, vice-president, presided in the absence of Mrs. Teakle, the president. Mrs. Simons and Miss Jones placed a poppy wreath at the Cross of Sacrifice during Remembrance Day services.

Mrs. Harvey, Misses Bossé and Oughtred have joined the general duty staff while M. Gray, O.R. supervisor, has resigned.

## SASKATCHEWAN

### Saskatoon

### *St. Paul's Hospital*

Members of the faculty attended a Red Cross first aid course last fall. The patron saint of musicians was honored at a St. Cecilia concert given by the students in November. It was planned that Sr. Ste. Croix will attend the Catholic nurses' convention in Montreal. Jean Scott, at present on the D.V.A. Hospital staff, has been awarded the Coronation Medal.

# Positions Vacant

ADVERTISING RATES — *$5.00 for 3 lines or less; $1.00 for each additional line.*
U.S.A. & Foreign — *$7.50 for 3 lines or less; $1.50 for each additional line.*

---

**Director of Nursing** for new Northwestern General Hospital. Modern & well equipped. Initial 110 beds to be increased by 120. Additional unit of 400 beds contemplated. Applicants must meet with high requirements in education, experience & personal suitability. Good remuneration & excellent working conditions with opportunity of gratifying professional career & association with outstanding institution. Apply Supt., 1856A Keele St., Toronto 9, Ont.

---

**Matron** for 31-bed hospital by Feb. 1. Salary: $290 less $45 for board & private 3-room suite. Fare from Vancouver refunded after 6 mos. R.N.A.B.C. personnel practices. Interesting literature on this modern company town mailed upon request. Apply, giving full particulars, qualifications, F. N. Wood, Administrator, P.O. Box 640, Ocean Falls, British Columbia.

---

**Assistant Supt. of Nurses, Clinical Supervisor, Head Nurses** (must be Graduate Nurses) for 270-bed hospital with fully equipped Out-Patient Dept. & Thoracic Surgery Unit. Commencing salaries: $3,000, $2,300, $2,200 per annum, respectively. Accommodations available in new nurses' home: $40 per mo., deductible from salary. Uniforms & laundry provided. 44-hr. wk., 8-hr. duty. 4 wks. annual vacation, statutory holidays & sick leave with pay. The town, on the west coast of Newfoundland, has a population of about 10,000 & all types of recreational facilities are available, winter & summer. Apply Supt. of Nurses, West Coast Sanatorium, Corner Brook, Nfld.

---

**Teaching Supervisor** for Communicable Diseases Division of 800-bed hospital. Salary: minimum as per S.R.N.A.; maximum depending on qualifications & experience. Automatic increase each 6-mo. period. Proportionate vacation up to 1 mo. after 1 yr. Cumulative sick time; 10 statutory holidays; 44-hr. wk. Apply Supt. of Nurses, General Hospital, Regina, Sask.

---

**Nursing Arts Instructor (1) Surgical Clinical Instructor (1).** School of Nursing with 90 students. Duties to commence April 1. Apply Director of Nursing, General Hospital, Oshawa, Ont.

---

**Operating Room Supervisor.** 800-bed hospital. 13 theatres. Modern equipment. Salary: minimum as per S.R.N.A., maximum depending on qualifications & experience. Automatic increase each 6-mo. period. Proportionate vacation up to 1 mo. after 1 yr. Cumulative sick time; 10 statutory holidays; 44-hr. wk. Apply Supt. of Nurses, General Hospital, Regina, Sask.

# WANTED
## CLINICAL INSTRUCTOR FOR PEDIATRICS
*for*
***War Memorial Children's Hospital***
Capacity: 140-150 beds.
Post-graduate course preferred.
Good salary and Personnel Policies.
*Apply:*
**Director of Nursing, Victoria Hospital, London, Ontario.**

---

**Operating Room Scrub Nurses.** 800-bed hospital. Salary: minimum as per S.R.N.A., maximum depending on qualifications & experience. Automatic increase each 6-mo. period. Proportionate vacation up to 1 mo. after 1 yr. Cumulative sick time; 10 statutory holidays; 44-hr. wk. Apply Supt. of Nurses, General Hospital, Regina, Sask.

---

**Night Supervisor** for 100-bed hospital. Apply, stating experience, references, etc., Supt., The Cottage Hospital, Pembroke, Ont.

---

**Lab. X-Ray Technician** (X-Ray optional) for modern, newly equipped hospital on C.P.R. main line & Trans-Canada Highway to Banff & Calgary. Salary according to qualifications & experience. Apply Supt., Municipal Hospital, Brooks, Alta.

---

**Public Health Nurse** for work with the Corporation City of Victoria, B.C. Salary range: $225-275 per mo. Liberal starting salary for experience. 37½-hr. wk. 4 wks. annual vacation & cumulative sick leave. Applicants should possess degree or certificate in Public Health Nursing. Apply, stating age, qualifications & experience, together with earliest date services available, City Personnel Dept., City Hall, Victoria, B.C.

---

**Public Health Nurse** for general program in urban centre of 27,000. Salary scale: $2,400-3,000 per annum. 5-day wk.: 8:45 a.m.-5:00 p.m. Lunch 1¼ hr. Employment benefits include: pension plan, sick leave, 3 wks. vacation. Must be professionally qualified & interested in municipal public health. Apply Mr. Norman T. Dawe, Personnel Officer, Westmount City Hall, 4333 Sherbrooke St. W., Montreal 6, Que.

---

**Public Health Nurses** (bilingual). Salary: minimum $2,400 with recognition for previous experience. Car provided. Annual increments, Blue Cross & sick leave. Apply Dr. R. G. Grenon, Director, Prescott & Russell Health Unit, Hawkesbury, Ont.

---

**Registered Nurse** for Red Cross Nursing Station, Endeavour, Sask. Salary: $235 less $30 for maintenance. Apply Commissioner, Saskatchewan Division, Canadian Red Cross Society, 2331 Victoria Ave., Regina, Sask.

---

**Registered Nurses (2)** for 15-bed Red Cross Hospital, Loon Lake, Sask. Salary: $210 less $30 for maintenance. Separate nurses' residence. Apply Commissioner, Saskatchewan Division, Canadian Red Cross Society, 2331 Victoria Ave., Regina, Sask.

---

**Registered Nurses.** Salary: $200-230 per mo. depending on qualifications & appointment. Board, room & laundry supplied for $39 per mo. Good hours & working conditions. Generous vacations, group insurance, all statutory holidays & other employee benefits. Apply Sanatorium Board of Manitoba, 668 Bannatyne Ave., Winnipeg, Man.

---

**Registered Nurses (2) for General Duty** immediately. 14-bed modern hospital in northern Saskatchewan. Salary: $210 with maintenance. $10 increase per yr. 48-hr. wk., 8-hr. duty. 1 mo. holiday with pay & 3 wks. sick leave after 1 yr. service. Apply Sec., Union Hospital, Shellbrook, Sask.

---

**Registered Nurse (1) & Graduate Nurse (1).** Salaries: $155 & $135, respectively, plus full maintenance & laundry. 44-hr. wk. New residence; 40 miles north of Guelph. Apply Supt., Louise Marshall Hospital, Mount Forest, Ont.

## CENTRAL SUPPLY ROOM SUPERVISOR
**for**
## Victoria Hospital, London, Ontario

**Applications requested for this position in 700-bed active hospital.**

**The Central Supply Room is to be transferred to new area with modern equipment, in the new wing, to be opened in September.**

***Good Salary and Personnel Policies.***

***Apply***

**Director of Nursing, Victoria Hospital, London, Ontario.**

---

**Registered Nurses for General Staff Duty** in 114-bed hospital. Beginning salary: $210 per mo. with advancement to $225. Recognition for yrs. of experience. For further information apply Director of Nurses, Union Hospital, Swift Current, Sask.

---

**General Staff Nurses** for 400-bed Medical & Surgical Sanatorium, fully approved. Student affiliation & post-graduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

---

**Graduate Nurses** for Wayne County General Hospital & Infirmary at Eloise, Michigan, 16 miles west of downtown Detroit. Salaries: $3,961-4,321 for 40-hr. wk.; $5,149-6,617 for 48-hr. wk.; optional. Choice of general or psychiatric duty. All shifts available. Paid vacations & sick leave. Candidates must be graduates of accredited Canadian Nursing Schools. Visa required. Apply Wayne County Civil Service Commission, 2200 Cadillac Tower, Detroit 26, Michigan.

---

**General Duty Nurses** for 110-bed hospital in scenic Fraser Valley, 65 miles east of Vancouver on Trans-Canada Highway. Salaries, holidays, etc., in accordance with R.N.A.B.C. personnel practices. Residence accommodation available. Apply Director of Nursing, General Hospital, Chilliwack, B.C.

---

**General Duty Nurses (2)** for 40-bed hospital on all-weather highway to Vancouver. 44-hr. wk. 28 days annual holiday plus 10 statutory holidays. Rotating shifts, annual increases & cumulative sick leave. Self-contained residence. Monthly salary: $220; full maintenance $45 per mo. Travelling expenses advanced if necessary. Apply Director of Nursing, General Hospital, Princeton, B.C.

---

**General Duty Nurses (1) or (2)** for 20-bed hospital in beautiful Arrow Lakes district of British Columbia. Apply, giving experience, references & qualifications, Matron, Arrow Lakes Hospital, Nakusp, B.C.

---

**General Duty Nurses** for 650-bed teaching hospital in Central California. Salary: $273-320 per mo. 40-hr. wk. Liberal vacation, holiday & sick leave plan. Apply Personnel Office, 510 E. Market, Stockton, California.

---

**Supt.** for 125-bed hospital with small Training School. Apply Sec., Board of Trustees, Prince County Hospital, Summerside, P.E.I.

---

**Director of Nurses & Principal of School of Nursing** for 117-bed General Hospital. Post-graduate course in administration or equivalent experience required. Salary open. Suite in modern residence. Construction of new 150-bed hospital under way. Apply, giving details of education, qualifications, experience, enclosing recent photo. Administrator, Jeffery Hale's Hospital, Quebec City, Que.

---

**Educational Director** for School of Nursing. 200 students enrolled. 700-bed hospital. Apply Supt. of Nurses, Royal Alexandra Hospital, Edmonton, Alta.

---

**Clinical Instructor (Medical-Surgical).** 155-bed General Hospital. 75-bed addition in near future. Salary: $260 per mo. with complete maintenance. Good personnel policies. 44-hr. wk. Apply Director of Nurses, Chesapeake & Ohio Hospital, Clifton Forge, Virginia.

## VANCOUVER GENERAL HOSPITAL

*The Vancouver General Hospital requires:*

***General Staff Nurses.*** 40-hr. week. Salary of $226.50 as minimum and $263.25 as maximum, plus shift differential for evening and night duty.

Residence accommodation is available.

Applications should be accompanied by letter of acceptance of registration in B.C. from *Registrar of Nurses, 1101 Vancouver Block, Vancouver 2, B.C.*

Apply to: **Personnel Dept., General Hospital, Vancouver 9, B.C.**

**General Duty Nurses** — "You will like it here." Placement in the service of your choice in Teaching Hospital. Beginning salary: $240 per mo. for 40-hr. wk. Scheduled increases, payment for overtime, 6-hr. evening duty. $270 per mo. for night duty. Sick leave, 6 holidays, 3 wks. vacation. Residence facilities if desired. Tuition-free courses after 6 mos. service. Opportunities for advancement. Apply Director of Nursing Service, University Hospitals of Cleveland, Cleveland 6, Ohio.

---

**General Duty Nurses** for 200-bed General Hospital in B.C. Interior. Starting salary: $225. Annual increments. Credit for past experience. 28 days annual vacation. Cumulative sick leave. Apply Director of Nursing, Royal Inland Hospital, Kamloops, B.C.

---

**General Duty Nurses.** Gross salary: $200 per mo. with 1 yr. or more of experience; $190 per mo. with less than 1 yr. experience; $20 per mo. bonus for evening or night duty. Annual increment, $10 per mo. 44-hr. wk. 8 statutory holidays. 21 days vacation & 14 days sick leave with pay after 1 yr. employment. Apply Director of Nursing, General Hospital, Oshawa, Ont.

---

**Graduate Nurses for General Staff Duty** in 350-bed Tuberculosis Hospital in Laurentian Mts. For further information apply Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Que.

---

**Graduate Floor Duty Nurses** for Mount Hamilton Hospital (Maternity), Hamilton, Ont. 44-hr. wk. Statutory holidays. Initial gross salary bi-weekly: $100. For other perquisites & further information apply Supt.

---

**Graduate Nurses (3)** at once owing to present nursing staff leaving to get married. 30-bed hospital on C.P.R. main line & Trans-Canada Highway, 2 hrs. from Calgary. Modern nurses' residence & garage. 8-hr. day, 6-day wk. with rotating shifts. Starting salary: $170. $5.00 increase at end of each 6 mos. 3 wks. holiday & statutory holidays. Sick leave with pay & free hospitalization. Apply Matron, Municipal Hospital, Bassano, Alberta.

---

**Graduate Nurses** for completely modern West Coast hospital. Salary: $230 per mo. less $40 for board, residence, laundry. $10 annual increments. Special bonus of $10 per mo. for night duty. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. cumulative to 36 days. Transportation allowance not exceeding $60 refunded after 1st yr. Apply, stating experience, Miss E. L. Clement, Supt. of Nurses, General Hospital, Prince Rupert, B.C.

---

**Nurses (1 or 2).** 24-bed hospital. Separate modern nurses' home. Salary: $190 per mo. plus full maintenance. Usual increases after 6 mos. Holidays, sick leave. Apply Matron, Union Hospital, Vanguard, Sask.

---

**Science Instructor, Clinical Teacher & General Duty Nurses** for 500-bed hospital. 40-hr. wk. Good personnel policies. Apply Director of Nursing, St. Joseph's Hospital, Victoria, British Columbia.